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ABSTRACT

This study was performed to develop methods and instruments for evaluating community mental health center (CMHC) programs of indirect service consultation to schools. Models for three types of consultation are presented-Staff Development-Client Centered, Staff Development-Agency-Centered, and Project Development. Each model is designed in stages, with purpose, products, approach, and suggested measures for evaluating each stage. For the two Staff Development models, the evaluation instruments presented can, in some instances, be used directly, and in other instances will require adaptation to local circumstances. The instruments consist of questionnaires to determine consultant and consultee expectations for consultation and their final evaluations of outcomes; consultant logs; films of problem children and response guides; and tape record analysis together with instructions for using and anlayzing these assessment instruments. An example of Project Development Consultation and its sample associated evaluation instruments are presented in detail. (Author)

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Preliminary Handbook on Procedures for Evaluating Mental Health Indirect Service Programs in Schools

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FOREWORD

The Federal community mental health center (CMHC) legislation (PL 88-164, *et seq.*) provided a major national thrust toward the establishment of community-based comprehensive mental health services. In this act, consultation and education were for the first time included and defined as one of the "essential" services of a CMHC. These indirect services are a means for applying, to community mental health problems, primary preventive efforts such as are used in the public health sectors. Mental health consultation and education may also serve to increase the number, types, and locations of caretakers who are competent to provide mental health care and the variety of programs that provide such care in other institutional settings.

The educational system, both public and private, has such extensive contact with so many persons at so formative a period in their lives that its potential influence on the emotional development of children is second only to that of the family. However, both the technology of school mental health consultation and the trained manpower to apply such strategies have only recently begun to be developed and applied within the community based mental health services.[1] One of the major ways in which this technology can be improved is through evaluation of operating consultation programs. This is a difficult task both technically and administratively. The present study was initiated in order to develop some assessment procedures useful for evaluating program consultation to schools. The authors have undertaken to describe prototype measurement procedures for various types of consultation.

The procedures presented are based upon three different models of program consultation to schools. While measurement procedures will vary as a consequence of the specific model adopted or as a result of the adaptation of a particular model to unique local conditions, the models themselves provide an heuristic device for the development of evaluation measures. In addition, even in their present untested form, the measurement instruments presented may be directly useful or suggestive to potential program evaluators. Both the instruments and the models developed in this research should serve to stimulate growth of a body of knowledge concerning program evaluation approaches.

Beryce MacLennan, Robert Quinn,
and Charles Windle
NIMH Project Officers

[1] Franklin B. McClung and Alastair H. Stunden. *Mental Health Consultation to Programs for Children*, Public Health Service Publication No. 2066, National Institute of Mental Health, Bethesda, Md., 1970, p. 38.

PREFACE

This report is the result of a study conducted by the Human Resources Research Organization for the National Institute of Mental Health. Interviews were conducted with 30 consultants who were working in schools, and with a number of administrators and psychologists in a large, diverse school system; a review of school consultation literature was made. The main problems of consultation and evaluation and the development of specific guidelines for the study were delineated. Then, models of types of program consultation were defined and associated assessment instruments developed.

Dr. Beryce W. MacLennan, Chief, Consultation and Community Liaison Section, Mental Health Study Center, National Institute of Mental Health, was a continuing source of encouragement, guidance, and practical help throughout the task. Dr. Charles Windle, Program Evaluation Specialist, Division of Mental Health Service Programs, National Institute of Mental Health, and Dr. Robert Quinn, Social Problems Specialist, Division of Mental Health Service Programs, National Institute of Mental Health, provided valuable assistance and guidance during the planning and progress of this research.

The cooperation of program directors and staffs of the several community mental health centers visited is greatly appreciated. Especial appreciation is expressed to the following persons for their generous assistance:

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The study was conducted at HumRRO Division No. 3, Presidio of Monterey, California, by Dr. Ernest K. Montague and Dr. Elaine N. Taylor. Dr. Howard H. McFann is Director of the Division. The work was performed for the National Institute of Mental Health under contract number HMS-42-71-12, during the period of October 1970 to August 1971.

Meredith P. Crawford
President
Human Resources Research Organization

SUMMARY

PURPOSE OF THE HANDBOOK

The community-based approach to providing comprehensive mental health services offers major promise for preventing and coping with mental illness in children. If school personnel—teachers, school administrators, counselors, etcetera—can provide an emotionally supportive environment for the developing child, they can help prevent mental illness. Community mental health center indirect service programs of consultation and community education have been established to provide school personnel with the necessary knowledge and skill for preventing mental illness and also for identifying and helping children with problems. The indirect use of community mental health center resources offers exceptional promise because it provides the broadest practical access to the population of developing children and young people.

Evaluating the effectiveness of CMHC's programs of indirect services to schools is severely complicated by the fact that the mental health worker's efforts are with an intermediate agent (e.g., teacher) and not with the eventual beneficiary (the child). Nevertheless, this evaluation is essential to assure, first, that the most worthwhile programs are supported and, second, that continual feedback on ways to improve services to the public is provided.

This handbook, prepared for use in community mental health centers, discusses the process of measuring the *relevance* and *effectiveness* of indirect mental health services in the schools, and includes prototype and sample instruments for such measurement.

APPROACH TO DEVELOPMENT

The first phase of the work included visits to 11 community mental health centers in order to develop detailed information about activities and problems in existing CMHC programs of indirect services to schools. There some 50 interviews were conducted with 30 consultants who were working in schools. In addition to these interviews, a number of administrators and psychologists in a large, diverse school system were interviewed, and a review of school consultation literature was made.

The second phase focused on defining the main problems of consultation and evaluation, and on the development of the approach to assessment. Finally, the sequential stages of consultation were defined, and instruments for assessing the accomplishment of intermediate and end goals for each stage were prepared.

ASSESSMENT SYSTEM

The assessment system that emerged in the final phase is based on the definition of *needs* and the establishment of *objectives*. For measurement purposes, these translate into: estimating the degree of *relevance* of the preventive program to existing needs, and assessing the *processes and results* of a preventive program.

Estimating *relevance* is accomplished through detailed examination of the goals for action in CMHC indirect services in relation to the needs of the community and school.

Assessing a program rests upon the systematic design of instruments for measuring the achievement of goals and objectives. Therefore, models were built to aid in establishing end goals, taking into account the sequential stages and the changing intermediate objectives of consultative intervention; decision points and their sub-goals were identified. Only after goals are specified is measurement possible.

Many of the evaluation instruments presented are directly usable; some are prototypes requiring adaptation to the particular needs of the user. The instruments follow from the definition of objectives and the progress of consultation through its normal stages.

Models are provided for three types of program consultation (client-centered staff development, agency-centered staff development, and project development), with instruments for assessing each type. These instruments include evaluations to be made by consultants and consultees based on expectations, tape records, films, and logs.

The instruments devised for the Staff Development models will provide information on: (a) the attainment of consultee objectives, consultant objectives, and CMHC objectives, (b) changes in the consultee with regard to problem solving capability and interpersonal skill, (c) the characteristics of a particular consultation which limit its effectiveness, and (d) changes in policies, functions, and orientation of schools as systems.

Application of instruments is shown as an *example* for the Project Development model. Other instances of project development would require different instruments to reflect the specific objectives of each project. The system of instruments for project development can be used to produce primary data on client change as well as such supplementary data as consultee acquisition of knowledge and skill and system reorientation. The example demonstrates the heuristic value of the Project Development model in the construction of assessment measures.

The systematic models of program types of consultation that were devised outline the development of a consultation series, and therefore provide a mechanism for the derivation, in stages, of intermediate objectives and final goals. Adaptation of the models and the instrument prototypes to local use will provide an orderly means of developing measures of various aspects of consultation and achievement of aims.

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Chapter 1

INTRODUCTION

Purpose and Scope

During the 1960s community mental health center (CMHC) programs of consultation with school professionals gained momentum as a means of reaching school-aged children in the school setting, and preventing them from developing serious problems. In order to continue improving the effectiveness, growth, and community support for CMHC consultation programs it is necessary that (a) the program's relevance—to the community, to the school, and to the CMHC—be demonstrated, and (b) the program's effectiveness be assessed. Relevance and effectiveness are the major aspects of evaluation.

This handbook is intended for use by the mental health worker who is engaged in program consultation to school systems. It provides a guide to the development of relevant programs of assistance and to the evaluation of the outcomes of such programs. Chapter 2 presents an approach to the development of relevant programs through a study of the community, the school, and CMHC, culminating in the joint development of program goals by the school and the center. Chapter 3, dealing specifically with the assessment of effectiveness, describes models for three types of consultation and instruments that may be used in assessing instances of the application of each of the models. The three models that were developed are: Staff Development—Client-Centered, Staff Development—Agency-Centered, and Project Development. Each is defined, and measures are suggested—both monitoring or progress measures and outcome measures—for assessing effects on the consultee (the caregiver—teacher, administrator, policeman, clergyman, physician, etc.) or on the caregiving system (the school). In a few instances measures are suggested for the eventual recipient of the consultation effort, the client (the youth in school).

None of the instruments presented in Chapter 3 has undergone a user trial. Therefore, it is most desirable that users of the models and instruments provide some reflection of their administrative feasibility for use, usefulness, and shortcomings to HumRRO or to the National Institute of Mental Health[1] to allow evaluation and improvement in the systems of assessment.

[1] Division of Mental Health Service Programs, National Institute of Mental Health, or HumRRO Division No. 3, Presidio of Monterey, California.

Since CMHC consultation programs are highly diverse and fitted to specific community and school problems, in the application of any particular model it is anticipated that some, but not necessarily all, instruments will be appropriate for direct use. The user is encouraged to select, modify, and provide his own adaptations and innovations to fit specific circumstances.

Background

Program consultation, for the purposes of the study, was defined as the process of interaction between mental health workers (consultants) and representatives of another organization (schools) to assist the consultee in planning and developing his program, in solving his program problems, and/or, indirectly, improving his insights and mental health skills.

Consultation to schools, a major and integral part of the indirect services furnished by a CMHC, developed as a program as a result of the overwhelming load of referrals of children to various direct treatment services offered by a CMHC. These referrals for direct treatment far exceeded existing or foreseeable resources in CMHCs. In the report of the Joint Commission on Mental Health of Children, some of the needs for help to youth, many of whom are currently untreated or only partially treated, are identified: Ten to twelve percent of youth have major psychological problems; there are high drop-out rates from school among poverty-stricken and minority groups; there were three times as many juvenile court delinquency cases in 1966 as in 1950, with a rising rate since 1966; there is a rapidly rising rate of illegitimate births to teen-age girls; and there are major increases in drug use-abuse and venereal disease. (1)

Indirect services (consultation and education) to those who normally work with youth are the most practical and feasible approach toward building a collaborative effort that may help to contain this increasing pressure for aid. Through a network of consultation to many kinds of caregivers, the mental health capabilities and roles of teachers and administrators, police, clergy, physicians, and others are strengthened and the overall effect of CMHC resources is widened. The process has additional special value because it can be preventive in character; if environmental conditions responsible for psychopathology are successfully changed, the need for later direct treatment is appreciably reduced. Dissemination of technique through role modeling, and of principles of mental health through teaching by mental health professionals is the key component of indirect services.

The primary recipients of indirect service are caregivers, but the eventual recipients—the very reason for consultation—are children. This once-removed aspect makes the practice of mental health consultation and education at once frustrating and challenging and also makes the evaluation of its effectiveness difficult. Nevertheless, the promise of consultation is great because of its emphasis on prevention. It includes: (a) the development of a large body of caregivers with adequate skill in bringing about conditions conducive to child health; (b) the establishment of an integrated and collaborative network of practices for providing continuous preventive attention and care; (c) a change in public and official attitudes and sophistication about mental health problems; and (d) a growing base for active community support of mental health efforts. (2)

The appropriateness of the school as a prime target for consultation services hardly needs amplifying. Regardless of one's personal philosophy about its roles, the fact that the school has a tremendous effect on the child is beyond question.

Schools provide central meeting and caring places for nearly all children—culturally deprived, problem-laden, healthy, disturbed, fast learning, slow learning, and so forth; schools provide a continuity and stability of caretaking over most of a person's vital developmental years; schools provide an accessibility for observation, and quick intervention if needed. The school, therefore, provides the most likely setting, aside from the home, for preventive planning and action.

At least two basic considerations of mental health actions are contingent upon the presence of adequate assessment procedures. First is the ever-increasing need to use finite societal resources for programs that are most efficient and effective in producing important societal benefits; this need is reflected in increasingly pressing requirements to justify expensive programs to legislative and administrative funding bodies *in terms of their results.* Second is the fact that decisions by CMHCs to modify, discontinue, or replace projects or programs should be made on the basis of achievements of objectives and goals. Such decisions require that effects be assessed.

There are several reasons for inadequate assessment: (a) the many functions and limited resources in CMHCs, resulting in the diffusion of effort over many people and purposes, and producing partial commitment to assessment; (b) lack of clarity and consensus regarding mental health goals; (c) the feeling that time that might be spent in evaluation is better spent in the professional "doing" effort; (d) lack of skill or orientation in developing explicit short- and long-range objectives and for relating them to measurement procedures; (e) inadequacy of records; and (f) the long-range nature of envisioned outcomes which, in many cases, precludes adequate follow-up. All these lead to neglect of the evaluation effort.

Chapter 2

PROGRAM RELEVANCE

Indirect services to school systems should be related to goals, and goals to community and school needs. When goals are specified, based on needs, there is promised assurance that the limited available resources are being used to ameliorate relevant problems. No matter how active and innovative a consultation and education program may be, if there is not a demonstrable connection between the needs of the community, the aims and needs of the school, and the aims of the CMHC, the goals and programs of the consultant may be of little avail. Thus, a crucial aspect of overall evaluation is establishing this sort of relevance.

Several different levels and facets of relevance and congruence must be considered in matching the resources, needs, and goals of the CMHC and its indirect services component to the community and the schools. Subsumed under this requirement are other necessary congruences and relationships among collaborating agencies. Without primary consideration of the school's fundamental needs for assistance, mental health service loses meaning; without examination of the collaborating agencies, goals between agencies may be at odds and efficiency of effort reduced.

In this chapter, a very preliminary approach to the problem of program relevance is presented. Important aspects of program relevance, defined by the needs and goals of those involved, are outlined. All steps suggested would necessarily be refined or extended to fit specific local circumstances.

Ideally, the development of CMHC indirect services in schools would be preceded by mutual study and review of the needs and goals of all parties to consultation. Reality is often different. Many interventions are shaped more by the consultant's theoretical and practical predilections, by his desire to cling to familiar modes of intervention, and by the practical necessity of beginning new programs in a nonthreatening way, than by a systematic study of the characteristics of the school and its community.

Similarly, many school people begin consultation without a clear notion of the nature of the process, its potential and promise, or even of their own expectations. School people may enter consultation more to find a way of transferring the management of problem children from the school to the mental health service than to gain help in coping with problems. The mutual derivation of realistic goals promotes cooperation between agencies rather than vying by each for the accomplishment of parochial goals.

Relevance of programs, then, is a joint responsibility of the school and of the mental health center, based on a systematic review of problems, needs, and capabilities. Insofar as mental health workers are the originators and sole (or main) proponents of such study, findings may be incomplete and weighted with biases peculiar to the particular mental health system. Program planning, program action, and program evaluation will be more relevant (and more effective) if they are the products of *joint* action and collaboration. Mutual understanding and collaboration requires that each agency must be thoroughly aware of its *own* stresses, needs, and goals as well as those of its collaborator. By this means, each agency will be better prepared to find common meeting grounds for cooperative action. The remainder of this chapter will cover important aspects of program relevance and of congruence of efforts and aims.

The Consultation programs to schools may begin in various ways, some inauspicious. Low budgeting for indirect services, the need to make a non-disruptive entry into a school system, the presence in the school of suspicion or misunderstanding of consultation aims, are realities that may undermine a climate of cooperative effort in setting up mutual goals and self-understanding. Granting these realities and the occasional indication for postponement of study of needs, the fact remains that consultant-consultee *planning* in mental health, as in other public health efforts, should precede programmed *action*.

Basic Relevance to School/Community Needs

Fundamental to relevant programs is a survey of those community characteristics that are directly reflected in school problems. Table 1 provides a checklist which is intended as a flexible guide in identifying and defining problem areas. Enumeration and estimation of degree of influence is required in each case.

Table 1

Community/School Characteristics

Community/School Attributes and Needs

Basic Socio-Economic and Urban-Rural Attributes

Nutritional problems, school readiness problems, school attendance problems, low achievement, language difficulties, group interaction problems, early affective/cognitive blunting.

Basic Occupational Attributes

Working mothers, child-care problems, student occupational expectations and attitudes, academic expectations.

Youth Population Attributes

Student alienation, student government problems, occupational expectations, drug use/abuse, pregnancy and venereal disease, student attitudes regarding spare time activities, needs of gifted or average students.

(Continued)

Table 1 *(Continued)*

Community/School Characteristics

Ethnic and Segregational Attributes

School readiness problems, language problems, ethnic frustration-aggression, rise of militancy, early affective/cognitive blunting.

Welfare Population Attributes

Nutritional problems, medical problems, fatherless families, working mothers, child-care problems, early affective/cognitive blunting.

Community/School Programs and Services

Specific Child Programs

Head Start, pre-schools, child-care facilities, and so forth.

Handling of Delinquency Problems

Juvenile courts, probation departments, community counselors, educational facilities in juvenile holding departments, etc.

Community Agencies, Groups, Programs

Drug use/abuse centers, PTA, youth centers, community counselors, etc.

Congruence of School-CMHC Aims

Prior to development of programs, there is a need for mutual examination of school and CMHC policies, facilities, and staff, in order to assure the feasibility and appropriateness of planned actions in terms of the characteristics of the involved agencies. Even the most ideal program aimed at genuine needs is likely to fail without an underlying commitment and adequate facilities on both sides. Crucial policy characteristics of schools and of CMHC consultation services are presented in Tables 2 and 3; these characteristics heavily influence the types of programs likely to succeed.

CMHC characteristics and policies of the type listed in Table 3 help define the services they may be able to fulfill. Characteristics and policies vary greatly from center to center. All have prevention as a common core, but approaches range from a heavily medically oriented emphasis to great concentration upon social action, and from considerable use of indirect service to scant support thereof. A clear review and understanding of local indirect services characteristics must be an integral part of consultation planning.

Thus, if a center emphasizes crisis management of breakdowns, consultation with school administrators on student participation in school decision making is less *congruent* with CMHC resources and orientation than consultation on crisis management and referral of disturbed children would be. At the same time, if the basic defined school need reflects little requirement for crisis management, the CMHC

Table 2

School Characteristics Influencing Mental Health Programs

Mental Health Resources in the School

The number, adequacy, and use of in-school resources such as nurses, psychologists, counselors, and special teachers should be explored, as well as ways to augment their skills and increase their utilization.

School Interaction With Other Agencies

The adequacy of the relationship with other caregivers—police, probation officers, drug abuse centers, community counselors, etc.—should be reviewed.

School Administrative Climate

Excessive administrative caution, staff interpersonal conflict, autocratic decision-making, attitude toward mental health intervention, and administrative denial of problems should all be assessed.

Teacher and Student Involvement in the School

The degree of disinterest, apathy, or desire to be out of the school climate, on the part of students or teachers, should be reviewed.

Minority Group Staff Advancement

Identity and role problems arising from movement of minority members into administrative positions should be evaluated.

School Board Climate

The realities of school board fiscal and mental health policies, pressure group representation, and board-administration relationships should be clarified.

might profit by reevaluating its goals, orientation, and resources. Along the same lines, if a school is characterized with intra-staff conflict, consultation on child development is not relevant to the *major* needs of the school. Or, if a CMHC will devote only a limited portion of its budget to indirect services, planning a broad consultation program within a school system is not congruent with resources. Finally, if a CMHC concentrates on a relatively few neurotic children in a school system where ethnic conflicts are great and dropout rates and drug usage are high, its activities are not relevant to salient needs in the school/community situation.

Table 3

CMHC and Indirect Services Characteristics

Philosophy of Action

Although controversy regarding the "medical model" vs. the "social action model" is over-simplified, there is need to define the emphasis to be given social action as a method of change.

(Continued)

Table 3 *(Continued)*

CMHC and Indirect Services Characteristics

Use of Paid Nonprofessional Workers

The degree to which youth workers, aides, community counselors, and so forth, will be utilized requires clarification and specification.

Attitude Toward Evaluation of Consultation

Despite agreement on the need for evaluation, there is frequent staff opposition to serious assessment. Degree and type of opposition influence the character of the program. Policy and attitude must be clarified.

CMHC Support of Indirect Services

Gaps often exist between original funding plans and final funding for indirect services, affecting planning, morale, and programs.

Underlying Conceptual Approach

Some centers are eclectic; others emphasize crisis resolution, child advocacy, child development, and so forth. Awareness of approach, and congruence between aims of CMHC and consultants are essential to program planning and evaluation.

Status of Program Planning and Review

Periodic and systematic review of community/school needs and the staffing of these needs with school and CMHC affect type and range of programs.

Interaction With Other Agencies

Interaction may range from little or none through equal participation to a position of indirect services being the hub or center of interagency actions, influencing planning and programs.

Needs and Problems Identified

Against the background of these three studies (as outlined in Tables 1 through 3), the needs and problems of the school should be listed and defined. The listing of problems and needs derived from the community/school survey and from the study of school characteristics may be categorized in a manner similar to the following:

I. Student Problems
   A. Educational Area
      1. Learning disabilities
      2. School readiness problems
      3. Early blunting
      4. Language problems
      5. Academic problems
      6. Problems related to occupational aspirations vs. aspirational realities

7. The problems of "normal" and "gifted" children
8. Problems related to physical disabilities

B. Social Area
1. Nutritional and medical needs, poor living conditions
2. Fatherless families, working mothers, child-care problems
3. Segregational frustration-aggression-militancy
4. Interaction difficulties
5. Chronic delinquency, absenteeism
6. Alienation

C. Behavioral Crisis Area
1. Drug use/abuse
2. Pregnancy, venereal disease
3. Use of spare time
4. Mental health breakdown

II. Curricular Problems
A. Old-fashioned or inappropriate texts, biased texts, religious texts
B. Curriculum unrelated to real life such as vocational, human relations, work study
C. Lack of extracurricular activities
D. Inadequate supplies

III. Administrative and Staff Problems
A. Communication problems
1. Between administration and faculty
2. Among faculty
3. Between faculty and students
4. Between parents, faculty, students
5. Between school and community
6. Between school and board
7. Between school and state and county legislators

B. Organizational and Administrative problems
1. Lack of administrative skill
2. Poor organizational structure
3. Problems with the size and composition of the student body
4. Problems with space
5. Lack of support staff
6. Lack of appropriate teaching staff
7. Lack of funding
8. Inappropriate policies
9. Transportation problems
10. Hours when education offered inappropriate
11. Accreditation problems
12. Student government problems

C. Staff Problems
1. Lack of human relations skill
2. Lack of academic skill
3. Personal problems

IV. Community Problems
A. Inadequate community service resources
B. Community conflict
C. Lack of community support
D. Poverty stricken community
E. Lawless community

Planning for Programs

Table 4 provides a basic outline for noting community/school needs and matching them to available resources. The most important factor, of course, remains sound professional judgment in defining and ordering the various sections of the outline. Judgments of frequency, degree of pathology, and present and projected efforts are necessary throughout. While the actual use of such a summarizing outline rests with the consultation planners, a suggested sequence of actions will be presented. The format of the outline implies a complete survey, repeated periodically. While it is recognized that constraints often dictate only partial surveys and estimates, the principle of basing the definition of needs on survey and study remains fundamental.

Column I requires the listing of those problem or need areas that have been defined as important by consultee and consultant agencies together, through the type of review summarized in Tables 1 and 2 and the preceding section.

Column II is to be used for the best estimate of the extent of occurrence of each problem area, in numbers of those affected directly and indirectly. In some cases, estimates of *future* incidence may be appropriate, if rapid change is expected in the absence of preventive action.

Column III requires judgments, on a HIGH, MEDIUM, or LOW basis, of the degree of pathological effect either present or to be expected if no action is taken. Difficulty of decision is to be expected (e.g., in judging the severity of effect of two years' reading retardation and a high drug usage or venereal disease rate) but choices among alternatives must be made.

Column IV requires a rank ordering of all problem areas in terms of overall criticality, taking into account incidence and severity but *not yet* considering preventive programs. The difficulty in ordering needs of *different types* is great, but the requirement for applying critical judgment in differentiating needs is overriding.

Column V represents an effort to estimate what actions would be necessary to reasonably and effectively cope with each of the rank-ordered problems throughout the entire roster. The estimate is in terms of personnel, required resources, and estimated time span of the program (long- or short-term). Projected cost-effectiveness must also be considered.

Column VI provides a place to candidly note and evaluate present efforts in each problem area, in terms of personnel, resources, and length of program. The estimated adequacy of the effort should be rated as HIGH, MEDIUM, or LOW.

Column VII is for noting realistic restrictions on desired activity. These may be low budget or lack of other resources, school administrative caution, CMHC philosophy, or other characteristics of the school or CMHC shown in Tables 2 and 3. It also allows a final note on the feasibility of potential programs in terms of HIGH, MEDIUM, or LOW, with all factors considered.

Column VIII requires final judgments and ordering of priorities, taking into account overall criticality of needs (Column IV), adequacy of present programs (Column VI), and feasibility factors (Column VII). It is suggested that the rank ordering by priorities at this stage will result in more pointed and critical final judgments than will other means of categorization.

Table 4

Necessary Elements in Planning for Programs

	Criticality of Community/School Needs			Feasibility of Programs			
I Need	II Extent of Occurrence (Direct or Indirect)	III Severity of Need (Current and Expected)	IV Criticality (Rank Order)	V Action Required (School, Community, CMHC)	VI Adequacy of Existing Efforts	VII Restrictions and Overall Feasibility	VIII Priority

Chapter 3

ASSESSMENT MODELS AND ASSOCIATED INSTRUMENTS

This chapter presents procedures for developing objectives for each stage of a consultation program and corresponding instruments to monitor consultation and assess end results. The chapter includes a general framework of indirect service, descriptions of the three major approaches that account for the bulk of consultation, a discussion of dimensions of assessment, and a generalized model of consultation. A detailed example of one type of consultation and summary models of all three approaches are presented, along with appropriate evaluation instruments and procedures. The models and instruments are derived from actual consultation practice as seen in several centers; they have not undergone user trial and are, therefore, presented here for the CMHC consultant to use on a trial basis. The models and instruments are based upon specification of consultation goals; clear and specific goal statements form the essential basis of assessment.

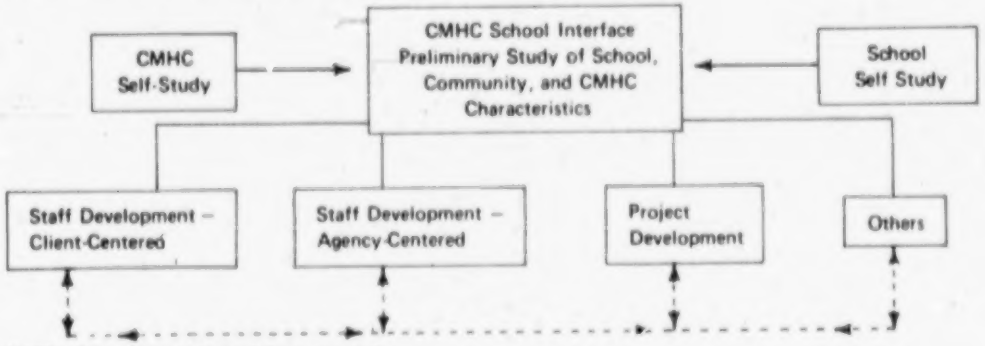
The difficulties, complexities, and many restrictions attending consultation are great; the assessment system that has been developed and the models and instruments that are suggested should be used to the extent that they apply to the conditions and exigencies of a particular situation. Imagination and flexibility to assure appropriate adaptation to local circumstances are needed in the application of the material that follows.

Framework of Indirect Services

The relationship between a preliminary study and the various programs of consultation that may emerge is shown in Figure 1. As stated in the preceding chapter, the purpose of the preliminary study is to identify the most relevant problems, set priorities, and examine the various methods that might be utilized in consultative intervention. Three commonly used modes of consultation are presented in this simple framework: Staff Development — Client-Centered; Staff Development — Agency-Centered; and Project Development. The major goals or objectives of consultative intervention are used to differentiate these categories.

The diagram reflects the fact that the various categories of indirect service do not necessarily occur in pure form. Shifts, from one approach to another, as

A Framework of Indirect Service



NOTE: Broken lines indicate shifts in approach.

Figure 1

shown by the arrows, emphasize the dynamic flexibility of indirect services. For clarity, however, definitions of these modes of intervention are presented as if, in practice, they typically existed in pure, unmixed forms.

Descriptions of Three Approaches

Client-Centered Staff Development. This approach consists largely of discussions between the consultee and the consultant and has as its primary purpose development of the capability of school staff members in working with children. Client cases are used as a vehicle for training. While such an approach is primarily a consultative effort utilizing classical peer discussion, with the consultant playing a Socratic role,[1] other techniques such as information giving (education) may be introduced, as the need arises. (Providing information on child growth and development is one example.)

Agency-Centered Staff Development. This approach may focus upon one or both of the following: (a) solving administrative and policy problems that influence the mission of the school, and (b) enhancing staff communication and understanding, and knowledge and acceptance of feelings and attitudes. As with client-centered staff development, peer discussion characterizes most agency-centered staff development. Information giving and collaborative sharing of responsibility, however, do enter wherever they can contribute to the intervention process.

[1] The Socratic role is seen as a method of aiding consultees in solving their own problems by a process of discussion and questioning aimed at developing insight and new points of view. It is anticipated that the consultee will adopt this role in solving his own work problems. The usage of this consulting method varies among consultants.

Project Development. In this approach, attention is centered on the recognition and delineation of high-risk groups and the development and implementation of projects designed to ameliorate conditions contributing to the potential for problems. In this approach particularly, collaboration and education, as well as consultation of the Socratic role-modeling variety, may all receive equal application. Sharing of responsibility and commitment on the part of the mental health center and the school (sometimes in cooperation with other care-giving agencies and public groups) is seen as a prerequisite to success. Though often considered to be a separate indirect service, formal programs of information and education that have been planned, designed, and implemented for school staff, students, or associated groups are provided for within this approach.

It must be reemphasized that the several approaches are frequently pursued in combination or sequence. For example, an early period of intervention may be focused upon client affairs, shift to peer discussion of agency problems, and shift again to development of a project or back to client questions. The framework should not be viewed as a rigid system; it allows for a changing focus, more than one consultant, and a variety of consultees or consultee groups, as these variations are deemed appropriate by joint decisions of the mental health and school participants. The simple scheme of Figure 1 serves, then, to identify the modes of indirect service treated in this chapter, to emphasize the flow or shift in activity which may occur, and to formalize the concept of a preliminary study.

Dimensions of Assessment

The instruments and procedures described in this chapter are aimed at a range of goals and encompass different methods. Generally, they may be classed into three related orders, according to: the intended recipient, the type of change sought, and the method of assessment employed.

Primary Recipient. Three levels of recipient are encountered in the typical range of consultations: At the *system* level are schools, school boards, and similar operating entities; at the *consultee* level, teachers, administrators, and parents; at the *client* level, students and others who are most commonly affected indirectly through consultation with school staff.

Type of Change. Changes in the system, the consultee, or the client may occur in the areas of *knowledge or skill*, *attitude*, or *observable behavior*. At the consultee or client level, the typical goal is attitudinal change as manifested in behavior. Intermediate objectives may be knowledge or skill changes in either consultee or client.

At the system (or institutional) level, the counterparts to behavior and attitude are function and policy. These may be observed in such system changes as the creation of new staffing positions, revised curricula, and increased student participation in administration.

Method of Assessment. Regardless of whether the primary recipient is person or system, measurement of goal attainment will probably be obtained by one or more of three methods. The most desirable method is to observe actual responses to real-life situations, personal or institutional. Because of costs and administrative difficulty, such responses are usually difficult to observe. More easily obtained,

but requiring careful preparation and ingenuity, are *responses to simulated life situations*, such as video-taped simulations or administrative exercises. Most common, most easily obtained (but often only marginally valid) are *responses to paper-pencil* instruments such as questionnaires, surveys, and scales.

Also to be considered is the fact that goals need not be only final or terminal. Many operations are aimed at intermediate or enabling goals. Thus, teaching counselors about setting of student goals has no final goal value per se. The gaining of such knowledge is a legitimate intermediate objective and the measurement of this new knowledge is a legitimate intermediate assessment. The distinction between terminal and enabling goals is necessary to avoid the frequent practice of treating intermediate objectives as if they were final goals.

The final, and very important dimensions of assessment, are time and cost. Detailed treatment of these dimensions was beyond the scope of this handbook. However, provision for recording information on time spent in consultation, by the consultant *and* the consultee, has been included in the assessment instruments. For a full assessment, studies of time and costs for consultation, in relation to benefit gained, are necessary. Hunter and Ratcliffe (3) provide an example of one type of cost study, MacLennan, *et al.*, another (4). A useful reference work on this topic has been published by the National Clearinghouse for Mental Health Information (5).

A Generalized Model of Consultation

A generalized conceptualization of consultation is presented as Figure 2. This model accounts for the consultant, the consultee agency, the goals of consultation, the goals of evaluation, and the methods of evaluation. It is a functional, time-spanning model with stages representing the time dimension. Within each stage provision is made for statements of the purpose or objective of the stage, the product, the approach used, and suggested evaluation measures. This model requires the prior planning and specification of *both* the overall consultation or intervention goals and the objectives of each stage. Such specification is a necessary prelude to the development of all monitoring and evaluation techniques. As suggested earlier, the model is intended to be used as a guide—flexibly and adaptably—rather than as a rigid, limiting conceptualization.

Generalized Model of Consultation

A Stage of Consultation	B Purpose	C Planned Product	D Approach	E Suggested Evaluation Measures
I. Planning				
II. Intervention				
III. Termination				

Figure 2

An Example of the Project Development Model

Prior to the presentation of the models for Staff Development — Client-Centered, Staff Development — Agency-Centered, and Project Development an example of an actual program of consultation will be presented. This example fits the Project Development model. The process shown in Figure 2 in three stages has been expanded to six.

Stage I — Planning, Negotiation, and Agreement
Stage II — Development of Project Plans
Stage III — Training
Stage IV — Implementation
Stages V and VI — Revision, Extension, and Contract Termination

As in the generalized model of Figure 2, information for each stage is grouped according to purpose, product, approach, and suggested evaluation measures.

Stage I - Planning, Negotiation, and Agreement

A. Purpose

To negotiate the practical arrangements of the contract (such as time, place, frequency of meetings, participants, etc.).

To review the problem area, define the target population, specify objectives, explore and select an approach.

To obtain commitments, to allot responsibilities, and to schedule successive stages of the project.

B. Product

Meetings were held with the junior high school principal and counselors to discuss their concern about the growing estrangement of a group of Mexican-American 7th- and 8th-grade boys and girls. The counselors were not concerned with hard-core, longstanding cases, but with those students beginning to show one or more of three kinds of patterns: withdrawal, agressive-disruptive behavior, and performance well below potential.

The general characteristics of the school, determined in the preliminary study, were reviewed and throughout the next several sessions were supplemented by additional studies carried out by this consultee group. In analyzing the problem special attention was devoted to the following topics:

1. Composition of Junior High School Population:
   a. What is the composition of the junior high school in regard to the number of
      1) Anglo, Mexican-American, Negro, and other students?
      2) Poor and well-to-do families?
   b. Does the composition derived from question (a) reflect the population composition in the community?

c. How does the relative size of the elements of population affect the client group?
d. What is the size of the potential client group relative to the Mexican-American school population?

This school has a population of about 650 students, of whom about 400 are Anglo-American, 200 are Mexican-American, and the remainder Negro and third-generation Oriental. The overwhelming majority of students are from steadily employed, working class families, with no obvious difference between ethnic groups. The school ratio approximates the community ratio. The problem group represents about half of the total Mexican-American enrollment and seems to have stabilized at this number. Although complete information is unavailable, there is some evidence that an undue proportion of the problem group may come from families who more recently have moved from agricultural areas.

2. Group Attitudes and Interaction:
   a. What are the attitudes and interactions of the ethnic groups?
      1) In the community
      2) In the PTA
      3) In the student body
      4) In the school staff
   b. How do these attitudes affect the potential client group?
   c. What is the Mexican-American representation in administrative and teaching positions?
   d. What are the mental health consultant's attitudes and knowledge regarding this cultural group?

Within the community, there is little participation or representation of the Mexican-American component in civic affairs or in school-board activities. To a great extent, social activities within the Mexican-American group are confined to essentially in-group activities and places of gathering. There has been no noticeable move toward cohesive action, political or otherwise, to gain representation in community affairs. This same lack of activity is reflected in the school population. There has been no representation on student council and minimal participation in other than required activities, with the exception of a handful participating in band activity and after-school sports program.

As noted above, the general pattern in the community and in the school is toward Mecican in-group cohesiveness, and a tendency toward withdrawal and mutual distrust between groups. There has been little or no evidence of organized disruptive behavior in the school. The aggressive behavior of some of the students seems sporadic and spontaneous among certain individuals.

Of the staff of 25, one counselor and two teachers are Mexican-American and speak Spanish, are from old families in the community and are, if anything, old guard in their attitudes toward these problem children.

There is virtually no Mexican-American attendance at PTA. This is not surprising, since most of these parents lack fluency in English. About a year ago an abortive effort was made to engage parents in PTA activities

by sending home announcements, prepared in Spanish, of forthcoming meetings. Lack of adequate provision for parents at the meetings led very quickly to their continued absence.

Generally speaking, the teaching staff was little concerned with the possible cultural influences on these children—the bilingual problems at school and at home, the latent pride, aspirations of children and parents—and little aware of the effects of this lack of recognition upon minority children. Through this early consultation phase, the counseling staff and principal were beginning to show considerable appreciation of these influences.

The consultant had previously worked with Mexican-American groups in other settings and had acquired some understanding and appreciation of the problems attending the transplant of one culture into another.

3. Consideration of Key Factors:

During these initial sessions, several features emerged as key factors. There was general agreement that both cultural and adolescent pressures were contributing factors. The facts of out-group membership, of a real adolescent struggle for identity, of pressure from parents to achieve, of some language difficulty, coupled with the fact that all of these pressures were largely being met by a staff attitude of insensitivity and low expectation, were seen as primary components of the problem.

The assessment of functional aptitude in the Mexican-American group was difficult. Achievement in basic skills was not consistently up to par, yet it was felt that average cognitive ability was generally present. While remedial work was indicated for certain students, it was felt that priority should go toward the changing of basic attitudes and behavioral patterns of the staff and this student group.

4. Selection of Three Projects:

The analysis of the problem led to identification of three main areas in which to work: the teaching staff, Mexican-American parents of junior high school children, and the segment of the Mexican-American student group that was exhibiting symptoms of estrangement. It was agreed that this consulting group would deal with the student group of problem children. A second consultant would be requested from the CMHC to develop a program with the teachers. The principal and the counselors (in particular the counselor of Mexican-American origin) felt that they could instigate a more positive approach to the Mexican-American parent group with consulting available from the CMHC on a need basis.

The consulting group then defined aims and general plans for all three areas of attack to provide guidance to the new consultant in the teacher area, to the principal-counselor group in the parent area, and to start their own project in the student area. An outline of the aims and plans to be considered in this three-branched approach follows:

a. Teacher Area
   1) Aims
      a) Increase their understanding of Mexican-American students and their unique problems.

b) Increase their grasp of the Mexican-American culture and appreciation of what this group can offer to the school.

c) Expand their repertoire of techniques to involve students more in class-room activities and other activities related to the school.

2) Suggested plans

While the final plans and details would necessarily be worked out by the new consultant and some nucleus group of teachers, the following suggestions were offered by this consulting group:

a) Form several small groups of teachers with open discussion of a problem-solving nature to explore ways to achieve increased understanding and participation (e.g., establish special skill and/or interest groups such as a Spanish club which would be open to all students, assignment of classroom projects based on knowledge, skill, or materials which have a likelihood of being unique to the Mexican-American student group, etc.).

b) Hold a workshop focused upon cultural contribution of the Mexican-American.

c) Consider a) and b) above in relation to black and Oriental students as well.

b. Parent Area

1) Aims

a) To involve Mexican-American parents in PTA and other school-related activities.

b) To investigate ways the school might contribute to increased English language fluency of this Mexican-American group of parents.

c) To develop in them a feeling that they have talents to offer the school and reason to be interested in what happens in the school.

2) Suggested plans

While the final plans and details would be developed by the principal and the counselors as an activity separate from this consulting series, suggested plans were drawn up to serve as guidance.

a) Investigate obtaining Spanish-speaking high school students to serve as interpreters and, at least initially, as guides to Mexican-American parents attending PTA. An alternate approach is to encourage the junior high school students to bring their parents and serve as interpreters-guides. When the most feasible plan has been arranged, renew issuing invitations in Spanish.

b) Explore the possibility of an organized drive—through the school, various news media, and businesses—to enroll Mexican-Americans in courses in English for the foreign born. Such a course is available, through state funds in the Adult Education program, conducted evenings at the high school. Prior to beginning such a drive, investigate the possibility of obtaining volunteers (from the high school, the junior high school, and the community at large), to provide baby-sitting and transportation where required.

c) Promote organizing the annual school carnival with a Mexican-American theme. Enlist all members of the PTA in this cooperative effort.

c. Student Area

1) Aims

a) To channel disruptive trends into acceptable behavior.

b) To increase the participation of the withdrawn student.

c) To improve school performance of those students performing below potential.

2) Plans

A variety of avenues were explored, ranging from training the staff in behavioral modification techniques to systems for tutoring students performing below potential, using the disruptive and withdrawn students as turors.

All consultees felt strongly, however, that these students needed an opportunity to develop their own aspirations and goals, define ways to attain their goals, explore the kinds of behavior expected of them, enhance their own problem-solving ability, and strengthen the feeling that they are responsible for the roles they adopt and the actions they take.

The final decision was to organize several student groups of boys or girls with a school counselor and a mental health worker as co-leaders of each group. An enabling goal, perhaps of equal importance, was to train school personnel in group practice. Longer-range goals were to see the school develop self-sufficiency in the training of personnel, and to expand this project during subsequent years, if evaluation of this first year's outcome were sufficiently promising. Specific responsibilities for actions by participants were agreed upon: Gaining administrative approval for space and time for students; obtaining support from teachers in identification and subsequent evaluation of pupils; preparing plans for selection of participants, etc. A rough schedule was drawn up that included the training of co-leaders, date of implementation of the project with student groups, and dates for evaluation and termination of this intervention.

C. Approach

Consultation and, to a lesser extent, collaboration were used by the consultant as his approaches in this stage.

D. Suggested Evaluation Measures

Measures of outcomes of this stage are primarily qualitative judgments and demonstrable products that are contained in a log to be maintained by the consultant. (See Form PD-1, under the section "The Project Development Model"). Particularly important elements of this log for evaluation are:

1. A written summary of the analysis of the problem.
2. Derivation of objectives for three different approaches.
3. Agreement on specific responsibilities and commitments of all participants.
4. A time schedule of planned actions in the student area.
5. Level of attendance and participation.

Stage II - Development of Project Plans

A. Purpose

To plan the formation of groups.
To define the type and aims of group activity.
To form the selection procedures for students in the groups.
To plan the evaluation of the project.

B. Product

1. It was decided to limit groups to specific numbers and types of students and to match these with control students to enable evaluation of efforts. Plans were made for group interaction involving weekly periods of one and one-half hours. The groups were to be based, approximately, on Bion-Tavistock models (see also MacLennan and Felsenfeld, 6), with general goals of improving understanding of role playing and of understanding group themes or processes (such as dependency, competition, counter-dependency), and improvements in handling roles and processes. The main points were that focus of discussion is only on the present and future; that responsibility for group behavior comes from the group, not from outside, that the leader helps only by clarifying and interpreting themes and processes as necessary for group development. Specific goals are to enable group members to develop their own goals and to understand and handle their own behavior roles.
2. All-male or all-female groups were to be composed of seven students each, with three withdrawn students, three under-achievers, and one agressive-disruptive student, to be selected and roughly matched with the help of the teacher's rating instrument presented as Table 5.[1] Volunteer co-leaders, one each from CMHC and school, were named for each of five groups. Matched control groups were identified.
3. The initial ratings served as baseline information. The same instruments were used for collecting the final evaluation data.

C. Approach

Collaborative work among counselors and CMHC personnel.

D. Suggested Evaluation Measures

1. Development of specific group plan.
2. Development of form for selection and evaluation of students and matched controls.
3. Review of progress, using the Consultant Log, with emphasis on:
   a. Continued commitment of time, space, attendance, and responsibility by school personnel.
   b. Adherence to time schedule.

[1] Re-ratings of participants and matched controls, one week after the original rating, demonstrated acceptable reliability.

Table 5

Teacher Rating on Students for Project Development Example

(For indicating special problems of your students)

1. First rating: For those students with problems that concern you, place an X in column 1 in the appropriate categories, indicating the degree by the position of your X. Do not make entries for those children who are not of special concern.

2. Second rating (later in the year): At that time, use column 2, indicating your judgment of the *current* position of the children *previously* rated. Also add any other children, not previously rated, who have developed problems of concern to you since the first rating.

Student Name	Teacher's Degree of Concern	Classroom Habits						Patterns of Interaction												Academic Performance Below Potential		In general, do you feel this student has improved on the problems of original concern?
								Obtrusive						Unobtrusive								
		Attending		Following Directions		Persistence		Rebellious		Disruptive		Bizarre Behavior		Withdrawn		Over-dependent		Isolated				
		1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
	No Concern																					
	Slight																					Yes _____
	Moderate																					
	Great																					No _____
	No Concern																					
	Slight																					Yes _____
	Moderate																					
	Great																					No _____
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	Slight																					Yes _____
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	Great																					No _____
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	Slight																					Yes _____
	Moderate																					
	Great																					No _____
	No Concern																					
	Slight																					Yes _____
	Moderate																					
	Great																					No _____

HumRRO – June 1971

NOTES ON USE OF
TEACHER RATING OF STUDENTS
Project Development Example (Table 5)

Purpose:

This form is to be used in selection, matching, and follow-up evaluation of experimental and control groups of students in a special project. The project involves participation, by students selected for the experimental treatment, in weekly group discussion with co-leader adults who have received some training in group methods.

Administration:

Each teacher is asked to rate certain students in his home-room according to Classroom Habits, Patterns of Interaction (Obtrusive and Unobtrusive), and Academic Performance. While the teacher (or clerk) records the names of all students assigned to the room, only those exhibiting at least one characteristic of concern to the teacher are to be rated. The teacher is asked to indicate degree of concern on a scale from "No Concern" to "Great" for each item by placing an X in the appropriate box. Two ratings are to be obtained from the teacher, one to be used in the selection, matching, and assignment of students to experimental and control groups, and one for evaluation purposes at the end of the project.

Rationale:

Students who are selected to be participants in peer groups designed to (a) improve their understanding of group themes and process; (b) increase their autonomy in choosing their own roles in such interactions; and (c) increase their acceptance of responsibility in selecting their own goals, will be expected to show positive change in specific characteristics of concern to their teachers. Matched controls, not exposed to such activity, will be expected to show less or no improvement. By categorizing teacher concerns, it is possible to judge the differential effects on these problem areas.

Summary Analysis:

(1) Comparison of teacher's first and second ratings on each student, and teacher's evaluation of general improvement.

(2) Comparison of general change between each experimental student and his matched control.

Stage III - Training

A. Purpose

To carry out a seven-week program, initiated for the training of co-leaders by the primary mental health consultant.

B. Product

The method used for training was based on the use of practical group experience. Trainee members were five school counselors and five CMHC-based youth leaders (college-age interns in the CMHC). The consultant, as leader, provided the role model. Group meetings, with free discussion, were alternated with didactic-interpretive sessions in which tape recordings of the group interactions were played back and analyzed. Primary emphasis was given to: The distinction between overt and covert themes; certain covert or underlying themes, such as competition or dependency; the recognition of defensive or other maneuvers; the recognition of roles adopted by group members; and to the supportive-interpretive but noninterfering role of the group leader.

Training continued after the formation of student groups, using tape recordings of student meetings as material for discussion and consultation.

C. Approach

Educational and training procedures.

D. Suggested Evaluation Measures

1. Measures of knowledge acquisition by use of simple, short questions on knowledge of group process.[1] (Measure of skill acquisition appears in Stage IV.)
2. Review of progress, using Consultant Log.

Stage IV - Implementation

A. Purpose

1. To select experimental and control subjects.
2. To establish experimental groups and conduct group meetings.

B. Product

Five student groups and their controls were established; the controls continued their normal routine and did not participate in any group. Experimental groups met on a weekly basis for the remainder of the school year.

[1] A written set of questions would have to be prepared by the consultant to cover the "need to know" content of the course.

C. Approach

Continuing consultation and collaboration in guiding progress of groups and co-leaders.

D. Suggested Evaluation Measures

1. Final administration of rating of students by teachers.
2. Comparison of early and late tapes of group sessions with mental health consultant and an outside expert rating them on:
   a. Degree of leader awareness of group processes.
   b. Extent to which leader is capable of acting upon this awareness.
   c. Maintenance of noninterfering role.
3. Review of progress, using Consultant Log.

Stages V and VI - Revision, Extension, and Contract Termination

A. Purpose

To study evaluation measures and reach a decision regarding maintaining and revising project or of discontinuing it.

To terminate or renegotiate the contract.

B. Product

Based upon the evaluation measures obtained, the decision was reached to continue the program the following year. The number of groups will remain at five but the co-leaders from the CMHC are to be replaced by school personnel. The consultant will continue the training series in the following year and will continue consulting with the 10 (five new) school co-leaders.

C. Approach

A collaborative approach was used in the analysis and interpretation of results and in the decisions reached regarding future planning.

D. Suggested Evaluation Measures

1. Evidence of reduction in CMHC involvement.
2. Joint terminal review:
   a. Client change data. (Table 5 and school records.)
   b. Consultee data on skill development as judged by early and late recordings of group leading activity, and on acquisition of knowledge of group technique.
   c. Consultant's revision of some of his training procedures.
3. Joint review of progress, using Consultant Log, particularly noting:
   a. Spin-off to similar program in another school.
   b. School's increased interest in other indirect service programs.

The Models

A *specific example* of an indirect service related to project development has been presented in the foregoing section. The *general models* for the three types of consultation will be presented in detail in the following sections. As shown in Figure 1, each model is designed in stages with purpose, product, approach, and suggested evaluation measures specified within each stage. There are two stages common to all three models: The initial stage for all of them covers contract negotiation (or contract review) to establish agreement and commitment on objectives, arrangements for proceeding, scheduling, analysis of the problem (if this has not been done in a preliminary study), and a plan for terminating the consultation. The final stage for all three includes renegotiating or terminating the consultation contract, the decision being based upon an evaluation by all participants, or on the effects of consultation for the designated client target group.

The usefulness of these models depends upon how well objectives specified in Stage I represent the actual purpose of the consultation series and upon the user's acceptance of the outlined stages as reasonable portrayals of what actually occurs in each mode of intervention.

The primary purpose of each model is to provide guidance to the consultant or the CMHC evaluation staff in planning evaluation of an intervention. Each stage represents a point where measurements could be obtained. Many of the measures which will be suggested in the subsequent sections are interim or progress measures and a number are qualitative rather than quantitative. Interim or progress measures reflect the outcome of a particular stage and are based upon the express purpose of that stage. The final evaluation of an intervention is based upon the clear definition of the objectives of the intervention, which should be delineated as a Product under Stage I.

A clear knowledge of the objectives of the service is a prerequisite for any development of instruments or measures; only with a clear statement of desired outcomes is it possible to explore and select measures to reflect change attributable to the intervention.

THE MODEL FOR STAFF DEVELOPMENT – CLIENT-CENTERED

This model, presented as Table 6, has three stages: I, planning and negotiation; II, intervention or consultation on presented cases; and III, evaluation and termination of the contract. A description of each stage, and the evaluation measures to be used are presented in the following pages.

Table 6

Stages in Indirect Service Related to Staff Development – Client-Centered

Stage	Purpose of Stage	Product	Approach	Suggested Evaluation Measures[a]
I Planning	(a) To begin or review[b] contract negotiation; complete contract specification by end of Stage I. (b) To agree upon the long-range objective.	(a) Detailed log of contract agreements.[c] (b) Agreement on objective: To enable consultee(s) to deal more effectively with labeled or risk groups. (c) Agreement on method: Discussion of client problems as presented by consultee. (d) Discussion and agreement on later measurement of effects of consultation.	Consultation (peer discussion)	(a) Consultant Log Part I: Contract agreements, problem analysis, plans, school and administrative changes, etc. (Form CC-1).
II Intervention	To increase consultee skill in problem solving, using client problems as vehicle with consultant providing a role model in developing indirect but systematic approach to problem solution.	(a) Consultee's gradual adoption of model, moving toward more independent problem-solving competence. (b) More effective consultee–client interaction; positive change in client. (c) Acquisition of knowledge regarding the etiology, recognition, and treatment or management techniques related to the kinds of risk groups explored during this phase.	Consultation (peer discussion)	(a) Consultee Expectations (Form CC-2) (b) Consultant Expectations (Form CC-3) (c) Consultant Log Part II: Consultee participation and client follow-up (Form CC-4). (d) Consultant Log Part III: Shift in case focus (Form CC-5).

(Continued)

Table 6 *(Continued)*

Stages in Indirect Service Related to Staff Development – Client-Centered

Stage	Purpose of Stage	Product	Approach	Suggested Evaluation Measures[a]
III Termination	(a) To obtain measures of effect. (b) To terminate or renegotiate contract on date agreed upon.	(a) Measures of effect. (b) New contract negotiated along same or new lines or termination of contract with knowledge that additional consultations will be provided as requested by consultee.	Consultation (peer discussion)	(a) Film Evaluation (Form CC-6). (b) Consultee Final Evaluation (Form CC-7). (c) Consultant Final Evaulation (Form CC-8). (d) Survey of Those Discontinuing Consultation (Form CC-9). (e) Final review and summary: (1) Consultant Log Parts I, II, III (2) Analysis of Consultee Forms (Appendix A-1) and Consultant Forms (Appendix A-2).

[a]Spin-off into new directions for Indirect Services may occur at any stage and may be viewed as a positive effect. (Form CC-1)

[b]The preliminary study will have covered some of this information. The participants, however, may have changed.

[c]The contract should be explicit on at least the following points: Time, place, and frequency of meetings; specification of problems; names of participants; whether attendance is compulsory or optional; person responsible for coordination; termination date of intervention; agreement on follow-up evaluations of client and general evaluations of participants. Also, naming a moderator for meetings should be considered; a moderator frees the consultant to concentrate his attention on specific details of the presentation and the ensuing discussion (Private communication with William L. Weinberg, private practice, Burlingame, Calif., formerly Senior Clinical Psychologist, San Mateo County Mental Health Division).

Stage I - Planning

In Stage I decisions are reached regarding the mechanics of meeting: who will attend, who will coordinate and moderate the practical details and schedules of meetings, etc. At this stage agreement should be reached on follow-up of presented cases. Problem analysis, objectives, and approach must be accepted and understood by all during this stage if subsequent meetings are to be productive.

Entries in Part I of the Consultant Log (Form CC-1) are begun during Stage I and continue throughout the series. The importance of keeping brief, factual, and evaluative notes in the form of a log is crucial to evaluation. While time consuming to keep, they are frequently the only written record of the process of consultation and, thus, are an integral part of the evaluative effort. Form CC-1 provides a continuing record of contract negotiations, problem analysis, and changes in programs and schools. Two other parts of the log will be discussed in a later section. The recording of school administrative changes and the development of new programs are particularly important evaluative notes.[1]

[1] Griffith and Libo note the crucial character of such records in their report of a new consultation program aimed at change. (7)

Form CC-1

CONSULTANT LOG PART I: ADMINISTRATIVE NOTES

Staff Development – Client-Centered

1. School _____ 2. Group _____

3. Participants

Name and Specialty (teacher, counselor, nurse, etc.)

a. _____

b. _____

c. _____

4. Opening date _____ Closing date _____

5. Presenting problem _____

_____

_____

6. Problem analysis (summary) _____

_____

_____

7. Goals _____

_____

8. Plans and strategies _____

_____

_____

9. Arrangements

a. Time _____

b. Place _____

c. Length of series _____

d. Special facilities and/or requirements _____

e. Consultee responsibilities _____

_____

f. Evaluation plan _____

_____

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(Form continued)

Form CC-1 *(Continued)*

10. Special notes (changes in plan or arrangements, participants, etc., with date of note)

_____

_____

_____

_____

_____

11. Record of change (policy, administrative, or structural) related to this indirect service.

Date and Brief Statement of Change:

a. _____ (date) _____

_____ _____

_____

b. _____ (date) _____

_____ _____

_____

c. _____ (date) _____

_____ _____

_____

d. _____ (date) _____

_____ _____

_____

e. _____ (date) _____

_____ _____

_____

(Form continued)

Form CC-1 *(Continued)*

12. Record of new services to be implemented in this school or some other school as a result of this intervention.

    Date and Brief Statement of New Service and Location:

    a. _____ (date) _____

    _____ _____

    b. _____ (date) _____

    _____ _____

    c. _____ (date) _____

    _____ _____

    d. _____ (date) _____

    _____ _____

    e. _____ (date) _____

    _____ _____

13. Termination or renegotiation notes _____

    _____

    _____

    _____

14. Total consultant time on this consultation series (include travel time, preparation, record keeping, etc.)

    _____ hours.

Stage II - Intervention

This stage provides for the presentation and discussion of client cases that concern the consultees. For any individual case, the consultant first listens to the presentation and assimilates knowledge about the problem. He then turns to an exploration of alternative actions, drawing as much as possible from the experiences and attitudes of all the participants. Alternatives are informally assessed according to their feasibility and promise. The consultant sums up, restating the alternatives that have emerged as highly probable solutions. He may reinforce particular courses of action; he tests the presenting consultee's feelings of adequacy regarding selected actions, and he gives information if necessary. The ultimate decision of whether or not to implement actions remain with the consultee.

Early in Stage II, two questionnaires are filled out regarding consultee and consultant expectations. In addition, the Consultant Log, begun in Stage I, is continued and two new sections of the Log are introduced.

(1) Expectations Questionnaires

Consultee Expectations (Form CC-2) and Consultant Expectations (Form CC-3) and notes on their use are presented on the following pages. These are recommended as interim, or progress, measures of the negotiation stage.

Consultant and consultees fill out questionnaires regarding their expectations. One item on the Consultant Expectations Questionnaire, asking what he expects the consultees to gain, is identical to that on the consultee's form. A comparison of these two sets of responses should focus upon discrepancies between them.[1] Incongruence represents a potential for conflict and inefficiency. With such information available early in the series, the consultant may decide to review and alter his role and expectations or to renegotiate the contract, clarifying the chosen objectives (by review and amplification of Stage I activities). Renegotiation provides the opportunity for modification of objectives, if that course is viewed as desirable.

The consultant normally has two kinds of objectives, the explicit objectives agreed upon in Stage I and held in common with the consultees, and implicit long-range goals of the consultant himself that may not yet have been shared with the consultees. In addition, there may be more general CMHC goals, such as the development of future programs, which have not yet been explicitly discussed. The Consultant Expectations Questionnaire (Form CC-3) provides a vehicle for the concrete formulation of all these goals.

(2) Consultant Log

Part I of this log has already been discussed. Begun in Stage I, it is continued and updated throughout the consultation series.

Part II of the log (Form CC-4) provides an individual record of each consultee's progress in a consultation series. It requires the consultant's judgment on each consultee regarding participation, ability to contribute to problem formulation and alternative actions, and interactive skill with other members of the consultation group. Gross measures of negative or positive change can be obtained from this record. In addition, the form provides an attendance record and a

[1] Simple analyses of all questionnaire materials are treated in Appendices A-1 and A-2.

means of scheduling follow-up of client cases that have been presented. Again, the measures taken are gross measures of improvement, no change, or a worsened situation.

Part III of this log (Form CC-5) is designed for maintaining a brief record of the types of problem cases being presented for consultation. To the extent that many cases represent the same type of problem, it may be inferred that little staff development or generalized learning is taking place. This form calls attention to the need for continuing change in problem cases. An example of the use of the form is provided.

Form CC-2

CONSULTEE EXPECTATIONS

Staff Development – Client-Centered

School _____ Date _____

Name _____

Item

I. What do you think will be the eventual benefits to you of this type of consultation? (Instructions: Check the appropriate column for *every* statement; adding statements as you wish.)

	None or Slight	Considerable or Major
1. Increased specific knowledge in identifying classes of problems or potential problems (high risk groups).		
2. Increased skill in alleviating classes of problems or potential problems (high risk groups).		
3. Increased specific knowledge in identifying and improving conditions for gifted or creative children.		
4. Increased general knowledge of "normal" and "abnormal" patterns of behavior.		
5. Increased general knowledge regarding interactions of children at different life stages.		
6. Direct advice from consultant on presented cases.		
7. Assistance from consultant in finding possible solutions for presented cases.		
8. Ideas for school programs that might be of value.		
9. Increased confidence in carrying out my daily work.		
10. Better understanding of how my behavior affects others in my interactions with them.		
11. Recommendations by consultant based upon his interviews with problem children.		
12. Assistance in referring children for treatment.		
13. Other: _____		
14. Other: _____		

USE OF QUESTIONNAIRE ON CONSULTEE EXPECTATIONS (Form CC-2)
Staff Development – Client-Centered

Purpose:

This form provides a record of consultant-consultee agreement (or lack of agreement) on the objectives negotiated. (Compare "Consultee Expectations," Item 1, Form CC-2, with "Consultant Expectations," Item 1, Form CC-3). (See Example 1 of Appendix A-1.)

Administration:

This form will be administered to the consultee by the consultant, and collected by him early in the consultation series, after negotiation is completed.

Rationale:

The purpose of negotiation is to determine and clarify consultation objectives in order to provide a feasible set of expectations generally agreed upon by those concerned. Some consultants have gathered data on expectations, but usually only at the end of consultation, as part of a formal evaluation questionnaire. Earlier data on expectations, following negotiation sessions should provide more accurate and timely information.

The consultant also fills out an expectation list similar to the consultee's. Major discrepancies between consultant and consultee responses following several sessions indicate potential for conflict, continued misunderstanding, or failure. Awareness of a major discrepancy provides opportunity for review, clarification, or renegotiation.

Form CC-3

CONSULTANT EXPECTATIONS

Staff Development – Client-Centered

School _____ Date _____

Name _____

Item

I. What do you think will be the eventual benefits to the consultees of this type of consultation? (Instructions: Check the appropriate column for *every* statement, adding statements as you wish.)

	None or Slight	Considerable or Major
1. Increased specific knowledge in identifying classes of problems or potential problems (high risk groups).		
2. Increased skill in alleviating classes of problems or potential problems (high risk groups).		
3. Increased specific knowledge in identifying and improving conditions for gifted or creative children.		
4. Increased general knowledge of "normal" and "abnormal" patterns of behavior.		
5. Increased general knowledge regarding interactions of children at different life stages.		
6. Direct advice from consultant on presented cases.		
7. Assistance from consultant in finding possible solutions for presented cases.		
8. Ideas for school programs that might be of value.		
9. Increased confidence in carrying out daily work.		
10. Better understanding of how their behavior affects others in their interactions with them.		
11. Recommendations by consultant based upon his interviews with problem children.		
12. Assistance in referring children for treatment.		
13. Other: _____		
14. Other: _____		

(Form continued)

Form CC-3 *(Continued)*

Item

II. What general or long-range benefits do you expect your Center or the school to achieve from this consultation series? (Instructions: Check the appropriate column for every statement. Add statements as necessary, including long-range implicit goals.)

	None or Slight	Considerable or Major
1. To see policies, procedures, and relationships change in a way that will promote better mental health in the school.		
2. To progress into broader or more fundamental problems in this school or system.		
3. To promote increased or improved coordination between the school and other agencies.		
4. To gain entry into other schools as a result of building a positive image of the mental health worker in this school.		
5. To improve approaches to mental health problems (new school programs, better referral procedures, etc.)		
6. Other: _____		
7. Other: _____		

USE OF QUESTIONNAIRE ON CONSULTANT EXPECTATIONS (Form CC-3)
Staff Development – Client-Centered

Purpose:

This form, used in conjunction with Form CC-2, provides evidence of consultant-consultee agreement (or lack of agreement) on expectations and objectives negotiated. (See "Use of Questionnaire on Consultee Expectations, Form CC-2.")

Administration:

The consultant will fill out the questionnaire early in the consultation series, following negotiations.

Rationale:

The suggested comparisons (between consultant and consultee expectations) provide guidance that may reduce consultee misconceptions or may lead to changes in objectives.

The questionnaire also allows the consultant to specify his general goals and objectives as well as his implicit objectives and CMHC goals. It is generally acknowledged that the consultant shares some objectives with the consultees in the negotiation period of consultation, but has certain implicit long-range goals that are not shared. These may be added as "other" by the consultant. (An example might be: To make consultees more accepting and less self-recriminative regarding problems for which they cannot possibly produce solutions.

Form CC-4

CONSULTANT LOG PART II: CONSULTEE PARTICIPATION
Staff Development – Client-Centered

INSTRUCTIONS:

This form may be used for evaluative or diagnostic purposes. If the purpose is evaluative, the major headings of Blocks II–IV may serve for ratings, i.e., a consultee may be rated for his general contribution to problem solving, effectiveness of communication and interaction. If the purpose is diagnostic, ratings should be made for each of the pairs of adjectives appearing under the major headings to guide future activities.

Block I: If the consultee's participation was too minimal for judgments to be made, enter X for non-participating and leave other judgments blank for that session.

Blocks II–IV: For the first rating, (column 1) enter judgments about the consultee in relation to the general population. Judgments and their code values for this first rating are: –2 (very poor), –1 (poor), 0 (average), +1 (good), +2 (very good).

In subsequent ratings, judgments are to be made in relation to the original rating given the consultee, using the same code.

Consultee School Consultee Group	Consultation Number and Date										
	1 (Date)	2 (Date)	3 (Date)	4 (Date)	5 (Date)	6 (Date)	7 (Date)	8 (Date)	9 (Date)	10 (Date)	Change (+, 0, –)
I. NON-PARTICIPATING											
II. CONTRIBUTION TO PROBLEM-SOLVING											
Recognizing Key Issues: Poor — Superior											
Formulating the Problem: Poor — Superior											
Suggesting Helpful Alternatives: Poor — Superior											
III. EFFECTIVENESS OF COMMUNICATION											
Disorganized — Organized											
Incomplete — Complete											
Irrelevant — Relevant											
IV. EFFECTIVENESS OF INTERACTION											
Defensive — Unconstrained, Flexible											
Dependent, Timid — Independent, Confident											
Destructive — Supportive											

(Form continued on back)

Form CC-4 *(Continued)*

INSTRUCTIONS:

Block V: If the consultee has presented a case, enter name of client and a few descriptors of the case in the appropriate column for that consultation. At close of that session choose a date for follow-up and enter "Review (child's name)" in the block for that date. When review occurs, make the entries indicated below:

	Consultation Number and Follow-Up Date									
	1	2	3	4	5	6	7	8	9	10
V. INFORMATION ON PRESENTED CASE										
1. Name of Child										
2. Descriptors										
INFORMATION ON FOLLOW-UP[a]										
1. Was the solution acted upon? (Enter Yes or No)										
2. Are there visible indications of change in the problem area?[a]										
3. Are there *other* negative or positive side effects or symptoms developing?[a]										
4. Has the treatment of this child resulted in noticeable changes in any other member of the class?[a]										

[a]Ratings for items 2–4:
- – Negative change
- 0 No change
- \+ Positive change

EXAMPLE

Form CC-4

CONSULTANT LOG PART II: CONSULTEE PARTICIPATION
Staff Development – Client-Centered

INSTRUCTIONS:

This form may be used for evaluative or diagnostic purposes. If the purpose is evaluative, the major headings of Blocks II–IV may serve for ratings, i.e., a consultee may be rated for his general contribution to problem solving, effectiveness of communication and interaction. If the purpose is diagnostic, ratings should be made for each of the pairs of adjectives appearing under the major headings to guide future activities.

Block I: If the consultee's participation was too minimal for judgments to be made, enter X for non-participating and leave other judgments blank for that session.

Blocks II–IV: For the first rating, (column 1) enter judgments about the consultee in relation to the general population. Judgments and their code values for this first rating are: –2 (very poor); –1 (poor); 0 (average); +1 (good); +2 (very good).

In subsequent ratings, judgments are to be made in relation to the original rating given the consultee, using the same code.

Consultee: John Roe	Consultation Number and Date										
School: Third Street Elementary	1	2	3	4	5	6	7	8	9	10	Change (+, 0, –)
Consultee Group: Special Education	9/15/70 (Date)	10/6/70 (Date)	10/20/70 (Date)	11/3/70 (Date)	11/17/70 (Date)	12/1/70 (Date)	12/15/70 (Date)	1/19/71 (Date)	2/3/71 (Date)	2/16/71 (Date)	
I. NON-PARTICIPATING	X										
II. CONTRIBUTION TO PROBLEM-SOLVING		-2	-2	-1	-1	0	0	0	0	0	+
Recognizing Key Issues: Poor ... Superior											
Formulating the Problem: Poor ... Superior											
Suggesting Helpful Alternatives: Poor ... Superior											
III. EFFECTIVENESS OF COMMUNICATION		0	0	+1	+1	+1	+1	+2	+1	+2	+
Disorganized ... Organized											
Incomplete ... Complete											
Irrelevant ... Relevant											
IV. EFFECTIVENESS OF INTERACTION		-1	0	0	+1	+1	+1	+2	+1	+2	+
Defensive ... Unconstrained, Flexible											
Dependent, Timid ... Independent, Confident											
Destructive ... Supportive											

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(Form continued on back)

EXAMPLE

Form CC-4 (Continued)

INSTRUCTIONS:

Block V: If the consultee has presented a case, enter name of client and a few descriptors of the case in the appropriate column for that consultation. At close of that session choose a date for follow-up and enter "Review (child's name)" in the block for that date. When review occurs, make the entries indicated below:

	Consultation Number and Follow Up Date									
	1	2	3	4	5	6	7	8	9	10
						1 Dec.	→			16 Feb
V. INFORMATION ON PRESENTED CASE										
1. Name of Child										
2. Descriptors										
INFORMATION ON FOLLOW UP[a]										
1. Was the solution acted upon? (Enter Yes or No)										
2. Are there visible indications of change in the problem area?[a]										
3. Are there *other* negative or positive side effects or symptoms developing?[a]										
4. Has the treatment of this child resulted in noticeable changes in any other member of the class?[a]										

[a]Ratings for items 2–4

- – Negative change
- 0 No change
- \+ Positive change

USE OF CONSULTANT LOG PART II: CONSULTEE PARTICIPATION (Form CC-4)

Staff Development – Client-Centered

Purpose:

This form provides a continuous record for observing change in the following areas:

(a) The consultee's participation in problem-solving activity
(b) The consultee's skill in interacting with other participants
(c) Important attributes of verbal communication
(d) Client condition at appropriate interval after his case presentation

Record Keeping:

Brief entries for each consultee are made on separate forms following each meeting. The method of record keeping is described on the form.

Rationale:

It is assumed that changes in problem solving ability, in communication ability, and in interpersonal relationships are explicit goals in staff development consultation. Repeated observations and notations of specific personal characteristics will show change (or lack of change) in the individual consultee over an extended period of time. Three areas that seem particularly important deal with the recognition of key factors and the ability to formulate both problems and alternatives; with basic communication skills; and with important personal characteristics.

A simple scoring system allows the consultant to establish a base-line for each person and to note apparent change or lack of change. Use of this form may be supplemented by occasional tape recordings that can be analyzed more objectively. (Appendix C-9).

Summary Analysis:

1. Since the presence and direction of change are the required data, it is suggested that sum scores be computed for the third and fourth consultation ratings and for the last two ratings, taking (+, −) signs into account, and that the direction of change between these two sums be entered in the Change column at the far right, as +, 0, or −.
2. Final tabulation for any individual will be the negative or positive sum of entries in the Change column.
3. The computation of results for Block V is simply a tabulation of improved cases relative to the total number of cases; these tabulations should be summed for all consultees.

Form CC-5

CONSULTANT LOG PART III: CATEGORY OF PRESENTING PROBLEM

Staff Development – Client-Centered

School_____ Consultee Group_____

INSTRUCTIONS:

Classify the outstanding features of the case, using the lists below. Enter both the letter and the number which best describe the case. (Add other problems as necessary.)

A. Problems of a Disruptive Nature

(Problems of a child's interaction with students and teachers.)

1. Hyperactive
2. Hostile, rebellious, angry
3. Nonconforming
4. Bizarre behavior (obtrusive)
5.
6.

B. Problems of a Nondisruptive Nature

(Problems of the unique behavior of a child; not related to interaction with others.)

1. Poor work habits
2. Bizarre behavior (unobtrusive)
3. Dependent
4. Withdrawn
5. Slow
6.
7.

Consultation			Consultation		
Number	Date	Category	Number	Date	Category
1			11		
2			12		
3			13		
4			14		
5			15		
6			16		
7			17		
8			18		
9			19		
10			20		

USE OF CONSULTANT LOG PART III: CATEGORY OF PRESENTING PROBLEM (Form CC-5)
Staff Development – Client-Centered

Purpose:

This log is for recording the variety of client problems discussed during a consultation series.

Record Keeping:

The consultant classifies and records the presented case according to the categories listed.

Rationale:

In staff development consultation involving discussion of clients, repetition of the same types of cases indicates lack of development of sophistication and generalization of knowledge in the consultees. A simple device to aid the consultant in tracking the types of cases being presented over a long sequence of consultations is presented in this form.

Two issues are involved: The desirability of a wide range of types of cases, in order to insure broad knowledge and learning over a period of time, and asssuring that the range of cases includes more than those that are particularly disruptive or disturbing to the students and staff. There is often a tendency to present disruptive types of cases, sometimes resulting in neglect of the less obtrusive, (i.e., less disruptive) but perhaps more troubled child. Massing of one category of cases might well indicate to the consultant the desirability of some classroom observation.

Summary Analysis:

A simple categorization of presented cases, to aid in obtaining an equitable range and balance.

Stage III - Termination

Stage III of client-centered staff development consultation occurs according to the previously negotiated plan for termination. In this stage two major activities are undertaken: (a) final assessment measures are obtained, and (b) the contract is terminated—or it may be renegotiated for a further series along the same or new lines. The main evaluation instrument uses a filmed description of a behavioral problem. Other measures are final evaluation questionnaires and the final appraisal of the Consultant Log.

(1) Prototype Films

Three prototype films, each providing a sketch of a problem in child behavior, have been developed. Each is based on an actual consultation case, but with only partial information presented. The films may be used for assessing the effects of consultation by comparing written responses of school persons who have had lengthy consultation with those who have not (controls).[1] An alternate or additional use of the films is as training materials. The three film scripts are presented in Appendix A-3. A more complete description of the use of the three films is provided in Form CC-6, and its associated notes.

For evaluation, one or more of the same films could be shown in two groups of school people, similar except that one group has had considerable client-centered consultation, the other none. The written responses of the two groups to open-ended questions (Form CC-6) may then be compared for breadth and quality of understanding of the problems shown. A guide for judging responses accompanies the form.

Rather than by individual written responses, assessment may be made of group performance. Tape recordings of group discussion, or recordings made by an observer during discussion, may be analyzed and compared between control and consultee groups.

For training, the films could be shown to consultees at different intervals in the consultation series, the consultees responding to Form CC-6, and then discussing and criticizing their responses with the guidance of the consultant.

(2) Consultee and Consultant Final Evaluation

In the Consultee Final Evaluation (Form CC-7), administered at the end of the consultation series, each participant is presented with the same set of statements he dealt with earlier in expressing his expectations and is asked to note the benefits he has gained. A comparison of his expectations with his judgment about the benefits obtained provides evidence of his satisfaction with the series.

As a parallel to the consultee's judgments, the consultant rerates the expectations he held for the group in terms of benefits gained. These ratings are obtained on the Consultant Final Evaluation (Form CC-8).

Consultees who completed the series, consultees who discontinued, and the consultant are all given the opportunity to critically analyze the series. Information from those discontinuing the series is obtained from Form CC-9. These critiques do not provide data on the outcome or effect of the intervention but are seen as essential ingredients in the total final evaluation. The data

[1] A control group could be obtained by using a similar group of school personnel who are about to begin consultation.

obtained from them should provide suggestions to the consultant for analyzing and revising his consultations.

A measure of the consultant's achievement of his own or his CMHC's goals is provided in a comparison of his expectations regarding these objectives and his judgment regarding their attainment. Other more global questions such as the consultee's recommendations regarding this type of intervention and his motivation as a consistent participant are also explored.

(3) Consultant Log

A summary of Form CC-4 (Consultant Log Part II) contributes evidence of consultee growth in the areas of problem solving and interpersonal skill. A gross measure of change is made by comparing the earlier and later sessions in the series. Also, scanning across all consultees, the consultant may obtain a simple count of client presentations and of the frequencies for cases that showed improvement, no change, or a negative result. (These analyses are discussed in "Use of Consultant Log Part II.") The entries in Parts I and III of the Log (Forms CC-1 and CC-5) should be reviewed in this stage.

Summary of Model for Staff Development – Client-Centered.

A model for client-centered, staff development requiring the specification of objectives, has been presented, including suggested measures of the achievement of over-all objective. The analysis of written responses following a filmed presentation of a child exhibiting problem behavior represents the most direct measure of consultation effect. A variety of other measures, derived from the purposes of succeeding stages, are presented as progress measures and supplements the over-all evaluation.

Form CC-6

CONSULTEE QUESTIONNAIRE ON FILM PRESENTATION

Staff Development – Client-Centered

School _____ Date _____

Name _____

A. Is there a problem here? If so, what is the main problem(s)? How do you define the problem(s)?

B. In your opinion, what are the factors, in and out of school, that might be contributing to the problem(s)? (Go beyond the film in your answer; not all factors could be shown in a short sketch nor are they readily available in the first presentation of the case.)

C. Do you need further information? If so, what kind of information do you want, and from whom?

D. With the information given you, what alternatives would you *consider*, in school and out, for present management?

E. Until you have more information, what actions, if any, would you take immediately?

USE OF PROTOTYPE FILMS (Form CC–6)

Purpose:

These films, depicting problem situations, are intended for use in evaluating the effects of child-centered consultation upon school persons or in serving as training material.

Rationale:

1. Evaluation: A long series of child-centered consultations should improve the consultee's abilities in three areas: (a) Recognizing and assessing children's problems; (b) Developing strategies for better handling of problem cases, and (c) The actual handling of these children. Using the films as simulated problem situations allows the consultant to assess consultee change in the first two areas.

Evaluative comparison could normally be accomplished in two ways, only one of which is recommended at this time. The recommended method requires the presentation of one or more films to a group having received consultation and to a similar group not exposed to this experience, and the recording of their written or oral responses to the problem situation. A second method (which will occur to the user) involves the use of different films on a pre/post test basis. That is, the consultee group responds to a film problem very early in the consultation series and repeats this experience with a similar but different film much later in the series. This usage requires that the films be roughly equivalent in problem difficulty. Preliminary study of these films by two groups of mental health professionals brought almost unanimous agreement that they vary considerably in difficulty.

Analysis aims at determining the awareness of the respondents to each of four major areas:

(a) The general and specific problems, in terms of effect on the child or on the school.
(b) Possible causative factors of relevance.
(c) Further information needed, and from whom.
(d) Alternative approaches and actions.

The accompanying form handles these areas by means of open-ended questions to which the consultees respond in writing.

Evaluation of responses lies in the number of generally relevant responses in the four areas. Relevance is defined as adherence to generally accepted categories of problem definition, contributing factors, information gathering, and treatment/action.

2. Training: Films of this nature have often been used in teaching a systematic approach to observation, problem definition, information gathering and the handling of problem situations. Free discussion is interspersed with the systematic development of an orderly approach to these desired end results.

Administration:

The films are intended to be shown to small groups of school personnel, those who have consulted, and those who have not (controls), for the purpose of stimulating discussion of child behavior problems and measuring differences in responses which are inferred to be the result of the consultation experience.

A response guide to the filmed cases is presented which is a sampling of responses produced by groups of school psychologists and CMHC professionals. It is valid by nature of its basis, and useful as a guide but should not be considered exhaustive or interpreted as normative. Since the combination of the particular consultant, the consultees, and the control respondents introduces differences in background, perspective, and theoretical emphases, the consultant should add, from his and respondent sources, additional responses that he considers acceptable and relevant.

Three modes of recording are possible:

(a) Written responses to each of the four area headings.
(b) Cassette or tape-machine recording for later analysis, if comparison of group discussion is the method used.
(c) Live recording of a group discussion by an observer.

Response Guide to Films of Donald, Susan, Joanna (Form CC-6)

DONALD

The Problem

1. Academic retardation.
2. Chronically angry or provocative behavior.
3. Poor peer relationships.

The Contributing Factors

1. Mother may be an important factor in Donald's behavior; she appears to be malicious and punishing.
2. Father possibly a factor—repressing Donald at home.
3. Behavior is constantly reinforced, in and out of class, by attention of teacher and students.
4. Possibly early pubertal or psychosexual problems.

Further Information Needed—From Whom?

1. More information on role of mother and father in Donald's problem.
2. Baseline behavior data by classroom observation.
3. Historical information—how long this behavior has existed, etc.
4. Information on cough—allergy—possible illness.
5. Mother's attitude regarding Donald's precocious development.
6. All information in cumulative folder; IQ, etc.
7. More information on peer relationships.
8. More information on whether Donald's symptoms are always in anger or simply provocative.

Alternatives and Actions

1. Behavioral workup and techniques—baseline data, behavioral checklist, how frequently disruptive. Establish reinforcement contract between child and parents, between child and teacher.
2. "Time-Out" technique: Specific unacceptable behaviors defined; if they occur, child is sent to "Time-Out" room; reinforcement in being allowed to participate again.
3. Possibility of male tutor—up to one hour a day, personal relationship.
4. Refer family for treatment.
5. Refer boy for supportive therapy (try behavioral technique first).
6. Meet with Donald and teacher jointly.
7. Counsel teacher—Donald's behavior not personal toward her.
8. Counsel parents, enlist them in reinforcement and in changing their attitudes.
9. Utilize tennis or competitive sport.

SUSAN

The Problem

1. Academic retardation.
2. Possible psychotic episode.
3. Possible organic or epileptic syndrome—psychomotor equivalent.

The Contributing Factors

1. Probable organic factor.
2. Chronic reaction of mother to condition.
3. Possible separation anxiety on part of Susan.
4. Mother possibly reinforcing some of this behavior.

Response Guide (Form CC-6) *(Continued)*

Further Information Needed—From Whom?

1. Pediatric and neurological study for organic factors.
2. Complete psychological workup-cumulative folder, etc.
3. Behavior at home—whether better, worse, or the same as at school.
4. Relationship between mother and Susan.
5. Behavioral data in classroom.
6. Environmental antecedents of attacks.

Alternatives and Actions

1. Medical and Psychological workups.
2. Give support to teacher, who is handling her well.
3. Work with mother in supportive counseling—possible agency referral.
4. Possible EH placement for Susan.

JOANNA

The Problem

1. Perhaps not a serious problem; typical of many teenagers and not of serious import?
2. Poor patterns of general interaction with others.
3. Generally aggressive patterns toward males.
4. A school problem—poor performance.

The Contributing Factors

1. Being reinforced (i.e., getting attention) by nonproducing.
2. Bad home situation: mother alcoholic; father absent.
3. Present provocative behavior more acceptable than previous fighting behavior; a step forward.
4. The essential maleness of the EH class (i.e., male students and male teacher). Increasing provocative behavior?
5. Possible hatred for father displaced toward other males.

Further Information Needed—From Whom?

1. Much data on home life, relationship with mother and father.
2. Data on other peer relationships, male and female.
3. Degree of actual promiscuous behavior. (Is she only provocative?)
4. Data from Joanna on her own deeper feelings.
5. Data on Joanna's relationships with other female teachers.
6. Joanna's behavior patterns in out-of-school activity. (Is she in other trouble?)
7. Reaction of EH teacher to female students in general.

Alternatives and Actions

1. Counseling Joanna—in terms of more general objectives—determine present goals and try to show how present methods are not very effective.
2. Combine counseling with Joanna with enlarged role for social studies teacher; counsel EH and social studies teacher, providing EH teacher with information on what would reward other types of behavior in Joanna.
3. Refer family to organized CMHC help.
4. If sexual problem is serious, refer Joanna for professional help.
5. Work with EH and social studies teacher together, to reduce continuation of their defensive postures.
6. Reduce school load.
7. Move her out of EH class entirely.
8. Involve social studies teacher in more of Joanna's day or week.
9. Use drama or similar class to meet her needs (i.e., semi-legitimatize them).

Form CC-7

CONSULTEE FINAL EVALUATION

Staff Development – Client-Centered

School _____ Date _____

Name _____

Item

I. What did you obtain from consultation? (Instructions: Check the appropriate column for *every* statement, adding statements as you wish. Statements you added to the Expectations form have been included.)

	None or Slight	Considerable or Major
1. Increased specific knowledge in identifying classes of problems or potential problems (high risk groups).		
2. Increased skill in alleviating classes of problems or potential problems (high risk groups).		
3. Increased specific knowledge in identifying and improving conditions for gifted or creative children.		
4. Increased general knowledge of "normal" and "abnormal" patterns of behavior.		
5. Increased general knowledge regarding interactions of children at different life stages.		
6. Direct advice from consultant on presented cases.		
7. Assistance from consultant in finding possible solutions for presented cases.		
8. Ideas for school programs that might be of value.		
9. Increased confidence in carrying out my daily work.		
10. Better understanding of how my behavior affects others in my interactions with them.		
11. Recommendations by consultant based upon his interviews with problem children.		
12. Assistance in referring children for treatment.		
13. Other _____		
14. Other _____		

(Form continued)

Item

Form CC-7 *(Continued)*

II. What things did you find about the consultation that were less than satisfactory? (Check appropriate items).

1. _____ Too much time was spent orienting the consultant to our school or school system.
   - A. _____ The consultant did not readily grasp our current practices in education.
   - B. _____ The consultant did not understand the individual roles in our school hierarchy.
   - C. _____ The consultant was not familiar with classroom problems.
   - D. _____ Other: _____
   - E. _____ Other: _____

2. _____ The consultation group did not always include the people who were necessary to successful outcome.
3. _____ The topics discussed were typically not of great interest to me.
4. _____ The consultant too often brought up inappropriate alternative actions.
5. _____ The consultant did not seem involved in the problems discussed.
6. _____ The consultant was not easy to get along with.
7. _____ The consultant was reluctant to give direct or specific information.
8. _____ The consultant failed to help analyze and clarify problems.
9. _____ The consultant failed to relate past learning to later discussions with new topics.
10. _____ The consultant failed to summarize at the end of a session.
11. _____ Consultees often did not prepare for the consultation; i.e., they could not define their problems or topics they wished to discuss.
12. _____ I was rarely satisfied that the solution agreed upon was the best of the alternatives discussed.
13. _____ Other: _____

III. Why did you continue this consultation? (Instructions: Indicate the importance of each statement by checking the appropriate column.)

	Not Applicable	Slightly Important	Important
1. I learned enough to make it worthwhile.			
2. I enjoyed the personal stimulation provided by this type of discussion.			
3. I continued because I had committed myself and felt I should complete the contract.			
4. I did not want to disappoint the consultant.			
5. Other: _____			

IV. In what ways do you think consultation has helped you in your interaction with others?

_____

_____

V. Overall, do you feel that this has been a valuable experience?

Yes_____ No _____

VI. Estimate the number of hours you spent preparing for consultation, in consultation sessions, and implementing actions which resulted from consultation. _____ hours

USE OF QUESTIONNAIRE ON CONSULTEE FINAL EVALUATION (Form CC–7)
Staff Development – Client-Centered

Purpose:

This form provides six kinds of information to the consultant for later analysis by him or the CMHC evaluation staff.

(1) Evidence of consultee's satisfaction, inferred from correspondence between Item I of Consultee Final Evaluation and Item I of Consultee Expectations. (See example 2 in Appendix A-1.)

(2) Consultee's critique of the consultation series (Item II of Form CC-7). (See example 3 in Appendix A-1.)

(3) Information on consultee's motivation for continued attendance (Item III of Form CC-7). (See example 4 in Appendix A-1.)

(4) Descriptive information on ways consultee has improved in his interactions with others (Item IV of Form CC-7).

(5) Consultee's overall opinion of this type of consultation (Item V of Form CC-7). (See example 5 in Appendix A-1.)

(6) Estimate of time spent in consultation and related activities (Item VI of Form CC-7). (See example 6 in Appendix A-1.)

Administration:

This form is administered and collected by the consultant at the termination of the consultation series, for analysis by him or the CMHC evaluation staff. All statements which the consultee added to Item I of the Consultee Expectations should be added to Item I of the Final Evaluation prior to administration.

Rationale:

The consultee's specific and general satisfaction with and his critique of the consultation series can provide the consultant with valuable information about himself and about the group. To the extent that a high degree of unanimity is demonstrated in checking particular statements of Item II, the consultant may wish to (a) spend more time acquainting himself with the school(s), (b) provide more guidance in the formation and membership of a group, (c) carefully review and analyze his consulting behavior in this sort of consultation, or (d) guide consultees' preparation of client cases by providing them with a suggested format for presentation.

Item III provides an indication of motivation for continuation. If A, or A and B, are checked as important, the stated motivation is positive; other combination are equivocal or negative.

Item IV, an open-ended question regarding ways in which consultation improved interaction with others, makes possible the compilation of responses of high or recurring frequency, as a source of data for future research.

An overall opinion, to be interpreted in conjunction with more specific information, is provided in Item V.

Form CC-8

CONSULTANT FINAL EVALUATION

Staff Development – Client-Centered

School _____ Date _____

Name _____

Item

I. What general benefits do you think your consultees gained from this consultation? (Instructions: Check the appropriate column for *every* statement, adding statements as you wish. Statements you added to the Expectations form should be included on this form.)

	None or Slight	Considerable or Major
1. Increased specific knowledge in identifying classes of problems or potential problems (high risk groups).		
2. Increased skill in alleviating classes of problems or potential problems (high risk groups).		
3. Increased specific knowledge in identifying and improving conditions for gifted or creative children.		
4. Increased general knowledge of "normal" and "abnormal" patterns of behavior.		
5. Increased general knowledge regarding interactions of children at different life stages.		
6. Direct advice from consultant on presented cases.		
7. Assistance from consultant in finding possible solutions for presented cases.		
8. Ideas for school programs that might be of value.		
9. Increased confidence in carrying out daily work.		
10. Better understanding of how their behavior affects others in their interactions with them.		
11. Recommendations by consultant based upon his interviews with problem children.		
12. Assistance in referring children for treatment.		
13. Other: _____		
14. Other: _____		

(Form continued)

Item

Form CC-8 *(Continued)*

II. What general or long-range benefits did your Center or the school achieve from this consultation series? (Instructions: Check the appropriate column for *every* statement, adding statements as you wish. Statements you added to the Expectations form should be added here.)

	None or Slight	Considerable or Major
1. Policies, procedures, and relationships have changed and are now more conducive to mental health in the school.		
2. Plans have been made to work on broader or more fundamental problems in this school or system.		
3. Coordination between the school and other agencies has increased or improved.		
4. Entry into other schools has been gained as a result of this consultation.		
5. Approaches to mental health problems have improved (new school programs, better referral procedures, etc.)		
6. Other: _____		
7. Other: _____		

III. What factors reduced the effectiveness of this consultation? (Check appropriate entries.)

1. ____ Consultees did not want the consultation, but were present because of administrative pressure.
2. ____ Attendance was sporadic.
3. ____ Consultation series was not long enough.
4. ____ The group composition was too diverse (either in specialty or hierarchical rank) to permit successful attainment of objectives.
5. ____ Rigid school policies narrowed the field of alternative actions which the group would dare to consider.
6. ____ School climate suppressed free discussion of problems, alternatives, or policies.
7. ____ Other: _____
8. ____ None.

USE OF QUESTIONNAIRE ON CONSULTANT FINAL EVALUATION (Form CC-8)
Staff Development – Client-Centered

Purpose:

This form provides three kinds of information for the consultant's analysis or for analysis by the CMHC evaluation staff:

(1) Satisfaction that the consultees have achieved their anticipated benefits. (Compare Item I of Form CC-8 with Item of Form CC-3.) (See example 2 of Appendix A-2.)

(2) Evidence that the consultant's CMHC goals have been attained. (Compare Item II of Form CC-8 with Item II of Form CC-3.) (See example 3 of Appendix A-2.)

(3) Consultant's critique of the consultation series. (Item III of Form CC-8.) (See example 4 of Appendix A-2.)

Administration:

The consultant completes the questionnaire at the end of the consultation series, for his own information or for the CMHC evaluation staff. All statements the consultant added to Items I and II of the Expectations form (Form CC-3) should be included in his Final Evaluation.

Rationale:

An appraisal of the consultee group's attainment of objectives is provided by the consultant in Item I of this questionnaire. The appraisal of goal attainment includes not only the explicitly and mutually agreed upon objectives but also the consultant's additional implicit objectives regarding the consultees.

In addition to the consultant's implicit objectives for his consultees, there are legitimate Center goals that may be explicit (i.e., shared with the consultee group), or which may remain implicit. An indication of the consultant's achievement of these CMHC goals is obtained in Item II of this form.

Item III provides the consultant with the opportunity to critique the consultation series and to explore those factors which he considered reduced the effectiveness of the series. A formulation of elements which impaired the consultant's interaction with the group may provide him or the evaluation staff with avenues for revision of future consultation series. The form allows accumulation of observations on the same school by the same or different consultants, providing basis for possible revision of programs.

Form CC-9
SURVEY OF THOSE DISCONTINUING CONSULTATION
Staff Development – Client-Centered

School _____ Date _____

To complete my evaluation of the consultation program of which you were originally a member, I am asking individuals who discontinued to complete the brief questionnaire below and return it to me. Check any of the following statements that were related to your leaving the group.

_____ 1. My schedule would not allow me to continue.

_____ 2. At that time, my work did not involve children with problems.

_____ 3. I did not wish to use consultation to gain help with problems.

_____ 4. I did not feel it appropriate to discuss problems in a group.

_____ 5. The consultant did not grasp our current educational practices.

_____ 6. The consultant was not familiar with our classroom problems.

_____ 7. At that time, I did not have children with the kinds of problems being discussed.

_____ 8. The group did not include some people who should have been participants.

_____ 9. The consultant did not seem involved in the problems discussed.

_____ 10. The consultant was not easy to get along with.

_____ 11. Members of the group were usually not prepared for discussion.

_____ 12. I generally did not agree with the chosen course of action.

_____ 13. Other: _____

_____

USE OF THE SURVEY OF THOSE DISCONTINUING CONSULTATION (Form CC-9)
Staff Development – Client-Centered

Purpose:

This form provides information from individuals who discontinued consultation prior to the completion of the series. The consultant may analyze it or it may be made available to the evaluation staff of the CMHC. (See Appendix A-1, example 7.)

Administration:

The consultant will give this form to consultees who leave the series, preferably at the time they discontinue (if they inform the consultant of this fact) or at the close of the series.

Rationale:

Data from only those who remain in consultation provide a biased sample of critical thought.

This questionnaire has been developed to provide information in five different areas, provided in example 7, Appendix A-1.

THE MODEL FOR STAFF DEVELOPMENT – AGENCY-CENTERED

The model for agency-centered staff development contains many features in common with the client-centered model. Three clear stages in the agency-centered model are: I, planning and negotiation, II, intervention or consultation, and III, evaluation and termination of the contract. Based upon the negotiation of a subcontract, optional stages such as educational workshops or other educational or collaborative activity may occur. Options are shown as Stage IIb in the model presented in Table 7.

Stage I - Planning

As in client-centered consultation, in this stage the mechanics of meeting are decided upon, the problem is analyzed, and consultation objectives, planning, and evaluation procedures are agreed upon. The most common objectives of this approach are to increase competence in solving policy or administrative problems of the school and to improve staff relationships.

Entries in the Consultant Log Part I (Form AC-1) provide one important evaluation measure for this stage. They include notation of attendance and agreement on problems, plans and objectives. Shortly after completing this phase the consultees and the consultant fill out questionnaires on their expectations.

Table 7

Stages in Indirect Service Related to Staff Development — Agency-Centered

Stage	Purpose of Stage	Product	Approach	Suggested Evaluation Measures[a]
I Observation,[b] Planning, and Contract	(a) To define or review contract. (b) To develop objectives.	(a) Detailed statement of working conditions.[c] (b) Objectives stated. To enhance staff competence in: (1) solving policy problems which influence mission. (2) improving interpersonal skills and understanding of personal attitudes and feelings. (c) Discussion and agreement regarding later measurement of effects of consultation.	Consultation (peer discussion)	Consultant Log Part I: Contract agreements, problem analysis, plans, progress notes, school administrative changes, etc. (Form AC-1).
IIA Intervention	To gain problem-solving experience and to improve interpersonal relationships and skills through peer discussion of administrative and interpersonal problems, with consultant providing a role model.	(a) Consultees' gradual adoption of role furnished by model—moving toward more independent problem-solving competence. (b) Improved interpersonal skills and understanding of personal attitudes and feelings.	Consultation (peer discussion)	(a) Consultee Expectations (Form AC-2). (b) Consultant Expectations (Form AC-3). (c) Consultant Log Part II: Consultee participation. (Form AC-4). (d) Analysis of tape record (Form AC-8).
IIB Possible Modification: A Subcontract	To develop a subcontract in order to institute a new approach (e.g., consultee workshop, collaboration), to achieve some specific objective(s).	Development of new capabilities in a specific area as indicated by subcontract objective.	As specified	Evaluation here must be determined by objectives specified.

(Continued)

Table 7 *(Continued)*

Stages in Indirect Service Related to Staff Development – Agency-Centered

Stage	Purpose of Stage	Product	Approach	Suggested Evaluation Measures[a]
III Evaluation and Termination	(a) To obtain measures of effect. (b) To terminate or renegotiate contract on date agreed upon.	Measurements. Contract is terminated or contract is renegotiated by mutual agreement.	Consultation (peer discussion)	(a) Consultee Final Evaluation (Form AC-5). (b) Consultant Final Evlauation (Form AC-6). (c) Survey of Those Discontinuing Consultation (Form AC-7). (d) Final Review and Summary: (1) Consultant Log - Parts I and II. (2) Analyses of consultee forms (Appendix B-1). (3) Analyses of consultant forms (Appendix B-2).

[a]Spin-off into new directions for Indirect Service may occur at any stage and may be viewed as a positive effect (Form AC-1).

[b]Observation is an activity unique to the consultant. All other activities suggested in this outline are shared by the school participants and the Mental Health worker. The consultant not only accepts the stated identity of the school participant group, but through observation develops an awareness of the hierarchical structure within the group and its placement in the overall power structure of the system. Stresses impinging upon the group and its members, and feelings of potency and of role perception need to be assessed. The consultant concerns himself with the manifest requests but does not overlook other needs which may be covert or unconscious. (Personal communication with R.K. Janmeja Singh, Assistant Director, Center for Training in Community Psychiatry and Mental Health Administration, Berkeley, Calif.).

[c]The contract should be explicit on at least the following points. Time, place, and frequency of meetings; names of participants; whether attendance is compulsory or optional; person responsible for coordination; termination date of intervention; agreement on evaluations. Also, naming a moderator for meetings may be considered to free the consultant to concentrate his attention on the process. (Personal communication with William L. Weinberg, private practice, Burlingame, Calif.; formerly Senior Clinical Psychologist, San Mateo County Mental Health Division).

Form AC-1

CONSULTANT LOG PART I: ADMINISTRATIVE NOTES

Staff Development – Agency-Centered

1. School _____ 2. Group _____

3. Participants

Name and Specialty (teacher, counselor, nurse, etc.)

a. _____

b. _____

c. _____

4. Opening date _____ Closing date _____

5. Presenting problem _____

_____

6. Problem analysis (summary) _____

_____

_____

7. Goals _____

_____

8. Plans and strategies _____

_____

_____

9. Arrangements _____

a. Time _____

b. Place _____

c. Length of series _____

d. Special facilities and/or requirements _____

e. Consultee responsibilities _____

_____

f. Evaluation plan _____

_____

(Form continued)

Form AC-1 *(Continued)*

10. Special notes (changes in plan or arrangements, participants, etc., with date of note) _____

11. Progress notes (date, problem discussed, general progress):

(Form continued)

Form AC-1 *(Continued)*

12. Record of policy, administrative, or structural change related to this indirect service.

Date and Brief Statement of Change:

a. _____ (date) _____

b. _____ (date) _____

c. _____ (date) _____

d. _____ (date) _____

e. _____ (date) _____

13. Record of new services to be implemented in this school or some other school as a result of this intervention.

Date and Brief Statement of New Service and Location:

a. _____ (date) _____

b. _____ (date) _____

c. _____ (date) _____

d. _____ (date) _____

e. _____ (date) _____

(Form continued)

14. Termination or renegotiation notes _____

_____

_____

_____

15. Total consultant time on this consultation series (include travel time, preparation, record keeping, etc.)

_____ hours

Stage II - Intervention, Possible Modification

The approach used in intervention is typically peer discussion, centering upon administrative and policy issues and on interpersonal problems. Interpersonal skills are developed indirectly in this approach, with the consultant providing a role model. By the skillful use of questions, suggestion, and occasional indirect guidance, the consultant strives continuously to lead the consultees through a search for alternatives and toward eventual consultee-chosen solutions to problems. The consultant maintains his role, avoids authoritarian interference, accepts consultees as experts in their own fields, and serves as catalyst in the staff development process. Although involved and concerned, the consultant leaves responsibility for decision and action to the school participants.

Interim or progress records for this phase include Consultee Expectations (Form AC-2), Consultant Expectations (Form AC-3), the continuation of entries in Part I of the Consultant Log and entries in Part II of the Consultant Log (Form AC-4). Part II provides a ready record of each individual's progress in his ability to formulate problems, to contribute alternatives, and to interact with other members of the group. These forms closely parallel those of client-centered consultation. Following each form are notes on its use.

Form AC 2

CONSULTEE EXPECTATIONS

Staff Development – Agency Centered

School _____ Date _____

Name _____

Item

I. What do you think will be the eventual benefits to you of this type of consultation? (Instructions: Check the appropriate column for *every* statement, adding statements as you wish.)

	None or Slight	Considerable or Major
1. Better understanding of my own actions and behavior as they affect my work with others.		
2. Better understanding and acceptance of the actions and behaviors of others.		
3. Increased skill in interacting with others in daily work.		
4. Consultant's direct advice on administrative issues, role definitions, personal interaction problems, etc.		
5. Consultant's assistance in exploring alternative solutions for administrative issues, role definitions, personal interaction problems, etc.		
6. Concepts of school programs or policy changes, such as generating greater student involvement, promoting greater teacher participation in administration, expanding opportunities for creative or disadvantaged children, etc.		
7. Other: _____ _____		
8. Other: _____ _____		

USE OF QUESTIONNAIRE ON CONSULTEE EXPECTATIONS (Form AC–2)
Staff Development–Agency Centered

Purpose:

This form provides a record of consultant-consultee agreement (or lack of agreement) on the objectives negotiated (Compare Consultee Expectations, Item 1, Form AC-2 with Consultant Expectations, Item 1, Form AC-3). (See example 1 of Appendix B-1.)

Administration:

This form will be administered and collected by the consultant early in the consultation series following the completion of negotiation.

Rationale:

The purpose of negotiation is to determine and clarify consultation objectives in order to provide a feasible set of expectations generally agreed upon by those concerned. Some consultants have gathered data on expectations, but usually only at the end of consultation, as part of a formal evaluation questionnaire. Earlier data on expectations, following negotiation sessions, should provide accurate and timely information.

The consultant also fills out an expectation list, similar to the consultee's. Major discrepancies between consultant and consultee responses following several sessions indicate potential for conflict, failure, or continuing misunderstanding. Awareness of a major discrepancy provides opportunity for review, clarification, or renegotiation.

Form AC-3

CONSULTANT EXPECTATIONS

Staff Development – Agency-Centered

School _____ Date _____

Name _____

Item

I. What do you think will be the eventual benefits to the consultees of this type of consultation? (Instructions: Check the appropriate column for every statement, adding statements as you wish. Include implicit long-range goals which you may have.)

	None or Slight	Considerable or More
1. Better understanding of their own actions and behaviors in their work with others.		
2. Better understanding and acceptance of the actions and behavior of others.		
3. Increased skill in interacting with others in daily work.		
4. Direct advice on administrative issues, role definitions, personal interaction problems, etc.		
5. Assistance in exploring alternative solutions for administrative issues, role definitions, personal interaction problems, etc.		
6. Concepts of school programs or policy changes, such as generating greater student involvement, promoting greater teacher participation in administration, expanding opportunities for creative or disadvantaged children, etc.		
7. Other: _____		
8. Other: _____		

(Form continued)

Item

II. What general or long-range benefits do you expect your Center or the school to achieve from this consultation series? (Instructions: Check the appropriate column for every statement. Add statements as necessary, including long-range implicit goals.)

	None or Slight	Considerable or Major
1. To progress into broader or more fundamental problems in this school or system.		
2. To develop an atmosphere that is more conducive to change in this school.		
3. To promote increased or improved coordination with other agencies.		
4. To gain entry into other schools as a result of building a positive image of the mental health worker in this school.		
5. Other: _____		
6. Other: _____		

USE OF QUESTIONNAIRE ON CONSULTANT EXPECTATIONS (Form AC–3)
Staff Development–Agency-Centered

Purpose:

This form provides evidence of consultant-consultee agreement (or lack of agreement) on expectations and objectives which have been negotiated. (See Use of Questionnaire on Consultee Expectations, Form AC-2)

Administration:

The consultant fills out the questionnaire early in the consultation series following the completion of negotiations.

Rationale:

The suggested comparisons provide guidance that may reduce consultee misconceptions or may lead to changes in objectives.

The questionnaire also allows the consultant to specify his general goals and objectives as well as his implicit objectives and CMHC goals. The consultant has objectives shared with the consultees in the negotiation period of consultation, and usually has in addition, certain implicit long-range goals that are not shared with consultees. These may be added as "other" by the consultant. (An example might be: To make consultees more accepting and less self-recriminative regarding problems for which they cannot possibly produce solutions.)

Form AC-4

CONSULTANT LOG PART II: CONSULTEE PARTICIPATION
Staff Development – Agency-Centered

INSTRUCTIONS:

This form may be used for evaluative or diagnostic purposes. If the purpose is evaluative, the major headings of Blocks II–IV may serve for ratings, i.e., a consultee may be rated for his general contribution to problem solving, effectiveness of communication and interaction. If the purpose is diagnostic, ratings should be made for each of the pairs of adjectives appearing under the major headings to guide future activities.

Block I: If the consultee's participation was too minimal for judgments to be made, enter X for non-participating and leave other judgments blank for that session.

Blocks II–IV: For the first rating, (column 1) enter judgments about the consultee in relation to the general population. Judgments and their code values for this first rating are: −2 (very poor), −1 (poor); 0 (average); +1 (good); +2 (very good).

In subsequent ratings, judgments are to be made in relation to the original rating given the consultee, using the same code.

Consultee / School / Consultee Group	Consultation Number and Date										
	1 (Date)	2 (Date)	3 (Date)	4 (Date)	5 (Date)	6 (Date)	7 (Date)	8 (Date)	9 (Date)	10 (Date)	Change (+, 0, −)
I. NON-PARTICIPATING											
II. CONTRIBUTION TO PROBLEM-SOLVING											
Recognizing Key Issues: Poor — Superior											
Formulating the Problem: Poor — Superior											
Suggesting Helpful Alternatives: Poor — Superior											
III. EFFECTIVENESS OF COMMUNICATION											
Disorganized — Organized											
Incomplete — Complete											
Irrelevant — Relevant											
IV. EFFECTIVENESS OF INTERACTION											
Defensive — Unconstrained, Flexible											
Dependent, Timid — Independent, Confident											
Destructive — Supportive											

USE OF CONSULTANT LOG PART II: CONSULTEE PARTICIPATION (Form AC-4)
Staff Development–Agency-Centered

Purpose:

This form provides a continuous record for observing change in the following areas:
(a) The consultee's participation in problem solving activity
(b) The consultee's skill in interacting with other participants
(c) Important attributes of verbal communication

Record Keeping:

Brief entries for each consultee are made on separate forms following each meeting. The method of record keeping is described on the form.

Rationale:

It is assumed that changes in problem solving ability, in communication ability, and in interpersonal relationships are explicit goals in staff development consultation. Repeated observations and notations of specific personal characteristics will show change (or lack of change) in the individual consultee over an extended period of time. Three areas that seem particularly important deal with the recognition of key factors and the ability to formulate both problems and alternatives; with basic communication skills; and with critical personal characteristics.

A simple scoring system allows the consultant to establish a base-line for each person and to note apparent change or lack thereof. Use of this form may be supplemented by occasional tape recordings that can be analyzed more objectively. (See Form AC-8 and its alternate.)

Summary Analysis:

1. Since the presence and direction of change are the required data, it is suggested that sum scores be computed for the third and fourth ratings and for the last two ratings, taking (+, −) signs into account, and that the direction of change between these two sums be entered in the Change column at the far right, as +, 0, or −.

2. Final tabulation for any individual will be the negative or positive sum of entries in the Change column.

Stage III - Evaluation and Termination

In this stage of agency-centered staff development final measures of effectiveness are obtained and the contract is terminated or renegotiated.

(1) Consultee and Consultant Final Evaluation

The Consultee Final Evaluation (Form AC-5) presents the set of statements of objectives that the consultee rated in the earlier Expectations Form (AC-2). He is now asked to rate these statements for the benefits he feels were obtained. A comparison of his expectations with his judgment about benefits gained provides evidence of his satisfaction with the series.

The consultant also rerates the expectations he held for the consultee group in terms of the benefits he judges were gained, using the Consultant Final Evaluation (Form AC-6).

The consultees who completed the series, the consultees who discontinued the series (Form AC-7), and the consultant are also asked to analyze the series critically in this final evaluation. These critiques provide the consultant with data to be used in his analysis and possible revision of consultation in future series.

A measure of the achievement of CMHC implicit and explicit goals is provided by comparing the consultant's expectations of his center's objectives with his judgment regarding their attainment. Other more general questions, such as the consultee's recommendations regarding this type of intervention and his motivation as a consistent participant, are also explored.

(2) Consultant Log

A review of Part I of the Consultant Log (Form AC-1) provides a place for notation of current and final substantive changes in school practice. Structural and functional changes within the school, new policies, increased or modified staffing, and modification of curricula may (or may not) be direct consequences of consultant intervention. The degree of contribution of indirect services to such effects should be estimated, and a brief notation of these changes entered in the log. They represent positive effects at the level of the school system, in terms of intermediate or enabling objectives. At the client level, there may be related indices of objective or subjective change to be summarized in the log. Quasi-objective observational indices include lessened noise in classrooms, decreased mutilation of property, and similar indications. More accessible data, though not necessarily mor valid, are rates of absenteeism, accidents, and other factors for which records are kept. In any case, short notations of systemic or client change are crucial elements in the assessment of Agency Centered Staff Development interventions.

A summary of Part II of the log provides data on consultee growth in the areas of problem solving and interpersonal skills. A gross measure of change can be obtained by comparing the early and the late sessions of the series.

For those wishing to study tape records of sessions, Form AC-8 offers guidance.

Summary of the Model for Staff Development — Agency-Centered

A model for agency-centered staff development, requiring the specification of objectives, has been presented. A variety of measures, derived from purposes of succeeding stages of consultation, is discussed. Interim and progress measures are obtained through judgment by the consultees and the consultant of benefits gained. Important measures of the agency-centered model are seen as changes in administrative policy for which effects upon the student population are projected.

Form AC-5

CONSULTEE FINAL EVALUATION

Staff Development – Agency-Centered

School _____ Date _____

Name _____

Item

I. What did you obtain from consultation? (Instructions: Check the appropriate column for *every* statement, adding statements as you wish. Statements you added to the Expectations form have been included on this form.)

	None or Slight	Considerable or Major
1. Better understanding of my own actions and behavior as they affect my work with others.		
2. Better understanding and acceptance of the actions and behavior of others.		
3. Increased skill in interacting with others in daily work.		
4. Consultant's direct advice on administrative issues, role definitions, personal interaction problems, etc.		
5. Consultant's assistance in exploring alternative solutions for administrative issues, role definitions, personal interaction problems, etc.		
6. Concepts of school programs or policy changes, such as generating greater student involvement, promoting greater teacher participation in administration, expanding opportunities for creative or disadvantaged children, etc.		
7. Other: _____ _____		

II. What are things that you found unsatisfactory about the consultation? (Check appropriate statements.)

1. We consumed too much time orienting the consultant to our school or school system:

   A. ___ The consultant did not readily grasp our current practices in education.

   B. ___ The consultant did not understand the individual roles in our school hierarchy.

   C. ___ The consultant was not sufficiently aware of the administrative restrictions which reduce the possibility of effecting change.

   D. ___ Other: _____ _____

2. ___ The consultation group did not always include the people who were necessary to successful outcome.

3. ___ The group composition was too diverse (in specialty or hierarchical rank) to generate topics of common interest.

(Continued)

4. ___ The consultant did not seem involved in the problems discussed.
5. ___ The consultant was not easy to get along with.
6. ___ The consultant was reluctant to give direct or specific information.
7. ___ The consultant failed to help analyze and clarify problems.
8. ___ The consultant did not prepare himself by reviewing and organizing material from prior sessions.
9. ___ The consultant failed to summarize at the end of a session.
10. ___ Consultees often did not prepare for the consultation, i.e., they could not define their problems or topics they wished to discuss.
11. ___ I was rarely satisfied that the solution agreed upon was the best of the alternatives discussed.
12. ___ Other: _____

_____

Item

III. Why did you continue this consultation? (Instructions: Indicate the importance of each statement by checking the appropriate column.)

	Not Applicable	Slightly Important	Important
1. I learned enough to make it worthwhile.			
2. I enjoyed the personal stimulation provided by this type of discussion.			
3. I had considerable interest in the kind of changes I thought this group might bring about.			
4. I continued because I had committed myself and felt I should complete the contract.			
5. I did not want to disappoint the consultant.			
6. Other: _____			

IV. Overall, do you feel that this has been a valuable experience?

Yes _____ No _____

V. Estimate the number of hours you spent preparing for consultation, in consultation sessions, and implementing actions which resulted from consultation. _____ hours.

USE OF QUESTIONNAIRE ON CONSULTEE FINAL EVALUATION (Form AC–5)
Staff Development–Agency-Centered

Purpose:

This form provides five kinds of information to the consultant for later analysis by him or the CMHC evaluation staff.

1. Evidence of consultee's satisfaction, inferred by comparing Item I of Consultee Final Evaluation and Item I of Consultee Expectations, Form AC-2. (See example 2 in Appendix B-1.)

2. Consultee's critique of the consultation series (Item II of Consultee Final Evaluation). (See Example 3 of Appendix B-1.)

3. Information regarding motivation for continued attendance (Item III of Final Evaluation). (See Example 4 of Appendix B-1.)

4. Consultee's overall opinion regarding the value of this type of consultation (Results of Item IV of Consultee Final Evaluation). (See Example 5 of Appendix B-1.)

5. Estimate of time spent in consultation and related activities (Item V of Final Evaluation). (See Example 6 of Appendix B-1.)

Administration:

This form is administered by the consultant at the termination of the consultation series for analysis by the consultant and/or the CMHC evaluation staff. All statements which the consultee added to Item I of the Consultee Expectations form should be added to Item I of the Final Evaluation form prior to administration.

Rationale:

The consultee's specific and general satisfaction with the consultation series and his critique of the series can provide the consultant with valuable information about himself and, to an extent, about the group. To the degree that a particular group, or different groups, demonstrate a high degree of unanimity in checking particular statements of Item II, the consultant may wish to: (1) spend more time acquainting himself with the school(s), (2) provide more guidance in the formation and membership of a group, (3) carefully review and analyze his consulting behavior in this sort of consultation, or (4) guide consultees in their preparation for meetings if administrative problems are to be presented.

The consultee's stated motivations for continued attendance are explored in Item III. Selection of statements A and/or C, or their combination with B, may be considered evidence for positive motivation. Any other combinations are equivocal or negative.

An overall opinion, to be interpreted in conjunction with more specific information, is provided in Item IV.

Form AC-6

CONSULTANT FINAL EVALUATION

Staff Development – Agency-Centered

School _____ Date _____

Name _____

Item

I. What general benefits do you think your consultees gained from this consultation? (Instructions: Check the appropriate column for *every* statement, adding statements as you wish. Statements you added to the Expectations form should be included on this form.)

	None or Slight	Considerable or Major
1. Better understanding of their own actions and behaviors in their work with others.		
2. Better understanding and acceptance of the actions and behavior of others.		
3. Increased skill in interacting with others in daily work.		
4. Direct advice on administrative issues, role definitions, personal interaction problems, etc.		
5. Assistance in exploring alternative solutions for administrative issues, role definitions, personal interaction problems, etc.		
6. Concepts of school programs or policy changes, such as generating greater student involvement, promoting greater teacher participation in administration, expanding opportunities for creative or disadvantaged children, etc.		
7. Other: _____		

II. What general or long-range benefits did you center or the school achieve from this consultation series? (Instructions: Check the appropriate column for *every* statement. Statements you added to the Expectations form should be included on this form.)

	None or Slight	Considerable or Major
1. Plans have been made to work on broader or more fundamental problems in this school or system.		
2. The atmosphere has become more conducive to change in this school.		
3. Coordination with other agencies has increased or improved.		
4. Entry has been gained into other schools as a result of this consultation.		
5. Other: _____		
6. Other: _____		

Item

III. What factors reduced the effectiveness of this consultation? (Check as appropriate.)

1. ___ Consultees did not want the consultation, but were present because of administrative pressure.
2. ___ Attendance was sporadic.
3. ___ Consultation series was not long enough.
4. ___ The climate of the school system prevented these consultees from developing free and honest communication.
5. ___ The group composition was too diverse, (either in specialty or hierarchical rank) to permit successful attainment of objectives.
6. ___ Other: _____
7. ___ Other: _____
8. ___ None.

USE OF QUESTIONNAIRE ON CONSULTANT FINAL EVALUATION (Form AC–6)
Staff Development–Agency-Centered

Purpose:

This form provides three kinds of information for the consultant's analysis or for analysis by the CMHC evaluation staff.

1. Satisfaction that the consultees have achieved the anticipated benefits (Compare Item I of Form AC-6 with Item I of Form AC-3.) (See example 2 in Appendix B-2.)
2. Evidence that the consultant's CMHC goals have been attained (compare Item II of Form AC-6 with Item II of Form AC-3). (See example 3 in Appendix B-2.)
3. Consultant's critique of the consultation series (Item–III of Form AC-6). (See example 4 in Appendix B-2.)

Administration:

The consultant completes the questionnaire at the end of the consultation series for his own information or for the CMHC evaluation staff. All statements the consultant added to Items II and III of the Expectations form (Form AC-3) should be included in his Final Evaluation.

Rationale:

An appraisal of the consultee group's attainment of objectives is provided by the consultant in this questionnaire. The appraisal of goal attainment includes not only the explicitly and mutually agreed upon objectives but also the consultant's additional implicit objectives regarding the consultees.

In addition to the implicit objectives which the consultant has for his consultees, there are Center goals that may be explicit (i.e., shared with the consultee group), or that may remain implicit. An indication of the consultant's achievement of these CMHC goals is obtained in Item II.

Item III provides the consultant with the opportunity to critique the consultation series and to explore those factors which he considered reduced the effectiveness of the series. A formulation of elements which impaired the consultant's interaction with the group may provide him, or the evaluation staff, with avenues for revision of future consultation series. The form allows accumulation of observations on the same school by the same or different consultants, providing basis for possible revision of overall consultation approach or of consultation programs.

Form AC-7
SURVEY OF THOSE DISCONTINUING CONSULTATION
Staff Development – Agency Centered

School _____ Date _____

To complete my evaluation of the consultation program of which you were originally a member, I am asking individuals who discontinued to complete the brief questionnaire below and return it to me. Check any of the following statements that were related to your leaving the group.

_____ 1. My schedule would not allow me to continue.

_____ 2. I did not wish to use consultation to gain help with problems.

_____ 3. I did not feel it appropriate to discuss problems in a group.

_____ 4. The consultant did not grasp our current educational practices.

_____ 5. The consultant did not understand our administrative and interpersonal problems.

_____ 6. The group did not include some people who should have been participants.

_____ 7. The consultant did not seem involved in the problems discussed.

_____ 8. The consultant was not easy to get along with.

_____ 9. Members of the group were usually not prepared for discussion.

_____ 10. I generally did not agree with the chosen course of action.

_____ 11. The consultant's suggestions were often not appropriate to our school.

_____ 12. Other: _____

_____

USE OF THE SURVEY OF THOSE DISCONTINUING CONSULTATION (Form AC–7)
Staff Development–Agency-Centered

Purpose:

This form provides information from individuals who discontinued consultation prior to the completion of the series. The consultant may analyze it or it may be made available to the evaluation staff of the CMHC.

Administration:

The consultant gives this form to consultees who leave the series, preferably at the time they discontinue, or at the close of the series.

Rationale:

Data from only those who remained in consultation provide a biased sample of critical thought.

This questionnaire has been developed to provide information in five different areas, provided in example 7 in Appendix B-1.

Form AC-8

ANALYSIS OF TAPE RECORD FOR STAFF DEVELOPMENT CONSULTATION[a]

Appropriate for Client- or Agency-Centered

School _____ Date of Tape _____

Consultee Group _____ Session No. _____

POSITIVE COMMENTS: Reinforcing, supports status of others, shows empathy, shares concern and feelings of others, provides for tension release		NEUTRAL COMMENTS		NEGATIVE COMMENTS: Generally rejecting, antagonistic, downgrades status of others either directly or by implication, generally non-reinforcing	
Volunteered	Elicited	Volunteered	Elicited	Volunteered	Elicited

[a]Use initials or a code number to identify each contributor, and "C" to identify the consultant. Record code on back of form.

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USE OF FORM FOR ANALYSIS OF TAPE RECORD FOR STAFF DEVELOPMENT CONSULTATION (Form AC–8)

Purpose:

This form provides a method for analyzing and comparing recordings of consultation sessions.

Administration:

Good quality cassette or tape-machine records are relatively easily obtained for conferences. With some practice, the consultant or staff evaluation person can analyze content and consultee characteristics, using this analysis form.

Rationale:

If tape records of early consultations are compared with tape records after considerable consultation, the comparative incidence of active, positive participation by the consultees may be estimated. This form is a two-dimensional measure of consultee characteristics in consultation interaction. By replaying taped consultations, notations may be made of each consultant's activity in terms of (a) whether his contributions were elicited or volunteered, and (b) whether his contributions were positive, negative, or neutral in tone. Between tape samples 1 and 2, there should be a shift toward positive, volunteered comments.

It is recommended that whole sessions be analyzed. Other research (8) (9) indicates that the character of group interaction can change considerably even within a single session. This means that, if five- or ten-minute samples are used, they should represent each part of the session equally. More importantly, if the consultation includes case presentations, the sample(s) for analysis must be representative of the presentation and discussion of each case.

Instructions for Use:

(1) The consultant or staff evaluation person enters the code (initials or number) for each contributor in the appropriate space, for each statement made. Summing of these entries on the group in each category and then determining the proportion of the total in each category for each sample will provide a picture of comparative shift in categories between early and late sessions. In the case of a typical, small-sized group, all participants may be recorded on the same page. Additional forms should be used as required.

(2) For observing group (not individual) change, only one code mark, such as X, can represent all consultees.

Alternate Form AC-8

ANALYSIS OF TAPE RECORD FOR STAFF DEVELOPMENT CONSULTATION[a]

Appropriate for Client- or Agency-Centered

School _____ Date of Tape _____

Consultee Group _____ Session No. _____

AREA OF CONTRIBUTION	POSITIVE COMMENTS: Reinforcing, supports status of others, shows empathy, shares concern and feelings of others, provides for tension release		NEUTRAL COMMENTS		NEGATIVE COMMENTS: Generally rejecting, antagonistic, downgrades status of others either directly or by implication, generally non-reinforcing	
PROBLEM DEFINITION	Volunteered	Elicited	Volunteered	Elicited	Volunteered	Elicited
Gives information						
Asks for information						
Suggests possible contributing factors						
Rejects irrelevant factors						
Summarizes problem						
Seeks agreement						
EXPLORATION OF ALTERNATIVES						
Contributes to pool of alternatives						
Explores alternative						
Rejects alternative						
Synthesizes "Choice" solution						
Probes for "Closure"						
OTHER						

[a]Use initials or a code number to identify each contributor, and "C" to identify the consultant. An "X" can be used for observing group change. Record code on back of form.

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USE OF FORM FOR ANALYSIS OF TAPE RECORDS FOR STAFF DEVELOPMENT CONSULTATION
(Alternate Form AC–8)

Description:

Reference is made to the instructions and use for the Form AC-8. This alternate form is a three-dimensional measure of consultee characteristics in the consulting situation. By replaying taped consultations, notations may be made of each consultant's contribution in terms of (a) positive, neutral, or negative statements; (b) volunteered or elecited contributions; and (c) whether the contribution was in the area of problem definition or problem solution. This form is for research purposes, and provides greater capability for analyzing in detail the shifts for particular content categories.

Instructions for Use:

(1) The consultant or staff evaluation person enters the code (initials or number) for each contributor in the appropriate space, for each statement made. Summing of these entries on the group in each category and then determining the proportion of the total in each category for each sample will provide a picture of comparative shift in categories between early and late sessions. In the case of a typical, small-sized group, all participants may be recorded on the same page. Additional forms should be used as required.

(2) For this alternate form, an additional dimension of content of statement is provided.

(3) For observing group (not individual) change, only one code mark, such as X, can represent all consultees.

THE MODEL FOR PROJECT DEVELOPMENT

The Project Development model is more abstract and generalized than either of the other models presented. Objectives for assessment of indirect services for the development of a project in a school system must necessarily be specific to a particular project. In the model, therefore, no objectives can be specified. (Application of the model was demonstrated earlier by way of example).

Table 8 presents the stages that may be anticipated in a comprehensive project. Not all stages are necessarily required for any particular project. Products of particular stages are stated generally; it is not expected that all would be applicable in every instance. With the exception of the Consultant Log (Form PD-1) the suggested measures of effect are simply samples of possible measures to be considered; many additional candidate measures may be pertinent.

The log provides for administrative records on all contract arrangements; a summary of the problem; definition of goals, plans, and strategies; progress notes on each meeting; policy changes in the school; and spin-off into new programs of indirect service. Entries in the log are begun in Stage I and continue throughout the consultation series.

The example of the Project Development Model, presented earlier in the text, demonstrates the heuristic value of this model in the construction of assessment instruments; the value of this model rests on its use as a guide rather than a prescription. Redefinition and modification should occur in conjunction with planning and specifying objectives for a particular project under consideration.

Table 8

Stages in Indirect Service Related to Project Development

Stage	Purpose of Stage	Product	Approach	Suggested Measures of Effect[a]
I Planning, Negotiation, and Agreement.	(a) To begin or review[b] contract negotiation; complete contract specification by end of Stage I. (b) To review the problem area, specify the client group, formulate objectives (e.g., risk reduction). (c) To explore or review alternative approaches, decide on most feasible project.	(a) Detailed statement of working conditions and expectations.[c] (b) Detailed definitions of problem and of client (target) group, explicit statement of objectives. (c) Schedule for accomplishment of remainder of work stages. (d) Identification of related care-giving groups, grass roots or other pressure groups (if applicable). (e) Location and commitment of supporting funds (if applicable). (f) Distribution of responsibility between CMHC and school. (g) Discussion and agreement regarding measurement of effects.	Consultation (peer discussion) and collaboration	Consultant Log Part I: Contract agreements, problem analysis, plans, school administrative changes, progress notes, etc. (Form PD-1)
II Development, Adaptation, or Adoption	To develop, adapt, or adopt project plans which will lead to accomplishment of objective.	(a) Plans developed. (b) Development of initial screening or selection procedures for choosing target groups. (c) Development of instruments for evaluating project.	Consultation (peer discussion) or collaboration	Administrative evaluation: (a) Completion of project plans, selection procedures, and evaluation plans. (b) Attendance. (c) Continued consultee commitment. (d) Time schedule satisfied.
III Training, if required	To train staff members to carry out project.	Increased staff knowledge and skill.	Education/training	(a) Estimates of skill development; cognitive and attitudinal change, as applicable. (b) Time schedule satisfied.

(Continued)

Table 8 *(Continued)*

Stages in Indirect Service Related to Project Development

Stage	Purpose of Stage	Product	Approach	Suggested Measures of Effect[a]
IV Implementation	(a) To implement project with target group (usually a "pilot" or subgroup of the target population). (b) To collect evaluation measures.	(a) Selection of target pilot group. (b) Project in operation. (c) Evaluation data.	Consultation (peer discussion) or collaboration (e.g., co-leading, or co-teaching)	(a) Client measures tied to project objectives; e.g., teacher ratings, grades, counts of specific behaviors, etc., peer ratings, self-ratings, also spread of interest to other students to get into program. (b) Time schedule satisfied. (c) Institutional changes
V Revision/ Extension	(a) To analyze and interpret evaluation measures. (b) To revise and/or enlarge project to include more of target population, or to discontinue project.	(a) Conclusions drawn about project. (b) Decisions made about revision or discontinuation.	Consultation (peer discussion) and collaboration	
VI Contract Termination	To achieve independence from CMHC on maintaining project (an alternative might be a decision to terminate the project–depending upon client measures of Stage IV).	Termination of Contract	Consultation (peer discussion)	(a) Reduction of CMHC involvement in this project. (b) Joint terminal review: (1) Client change (2) Consultee change (3) Institutional change (4) Consultant change (5) Spin-off

[a]Spin-off into new directions for Indirect Services may occur at any stage and may be viewed as positive effect. Also, change in consultee self-perception in terms of greater feeling of equality in problem solving, taking more active role in other community agencies and governing bodies, etc.

[b]The preliminary study will have covered some of this information. The participants, however, may have changed.

[c]The contract should be explicit on at least the following points: Time, place, and frequency of meetings; names of participants; whether attendance is compulsory or optional; and person responsible for coordination.

Form PD-1

CONSULTANT LOG: ADMINISTRATIVE NOTES

1. School _____ 2. Group _____

3. Participants
   Name and Specialty (teacher, counselor, nurse, etc.)

   a. _____

   b. _____

   c. _____

4. Opening date _____ Closing date _____

5. Presenting problem _____

6. Problem analysis (summary) _____

7. Goals _____

8. Plan and strategies _____

9. Arrangements

   a. Time _____

   b. Place _____

   c. Length of series _____

   d. Special facilities and/or requirements _____

   e. Consultee responsibilities _____

   f. Evaluation plan _____

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10. Special notes (changes in plan or arrangements, participants, etc., with date of note)

11. Progress notes (date, topics of discussion, general progress, decisions reached):

(Form continued)

Form PD-1 *(Continued)*

12. Record of policy, administrative, or structural change related to this indirect service.

Date and Brief Statement of Change:

a. _____ (date) _____

_____

b. _____ (date) _____

_____

c. _____ (date) _____

_____

d. _____ (date) _____

_____

e. _____ (date) _____

_____

13. Record of new services to be implemented in this school or some other school as a result of this intervention.

Date and Brief Statement of New Service and Location:

a. _____ (date) _____

_____

b. _____ (date) _____

_____

c. _____ (date) _____

_____

d. _____ (date) _____

_____

e. _____ (date) _____

_____

(Form continued)

Form PD-1 *(Continued)*

14. Termination or renegotiation notes _____

_____

_____

_____

15. Total consultant time on this consultation series (include travel, preparation, record keeping, etc.)

_____ hours.

16. Total consultee time on this consultation series (include preparation time and implementation.)

_____ hours.

Chapter Summary

In this chapter, assessment instruments are presented for three modes of indirect service: Staff Development — Client-Centered, Staff Development — Agency-Centered, and Project Development. As a preliminary step, models of each approach to mental health intervention were developed. Each model relies upon specification of the end-goal (or goals) of intervention and the objectives of particular stages within the intervention as sources of measurement techniques. A number of instruments—prototype films, questionnaires, logs, and a variety of progress records—are included.

A number of experienced mental health workers in the field of indirect services to schools have reviewed the models presented here. They found a good fit between examples of their consultative intervention and one of the models described in this handbook.

The models have value in the high degree of generality of their applicability to instances of the three types of indirect service. Each model provides an approach to measurement that can be adapted to the specialized circumstances found in a particular location. Many of the instruments described in this handbook will be found to be usable with little or no adaptation in the settings of particular community mental health centers; others will be found to require appreciable modification to the circumstances of a particular setting.

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AND
APPENDICES

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Appendix A-1

SUGGESTED ANALYSES OF CONSULTEE FORMS

Staff Development – Client-Centered

To be used by the consultant or the CMHC evaluation staff

	Consultee: X	Y	Z	TOTAL
1. Consultant-consultee agreement, using Item I of Consultee Expectations (Form CC-2) and Item I of Consultant Expectations (Form CC-3). Include added statements in this analysis. Special attention should be given to the outcome of statements 6, 11, and added others to note whether the consultee still has misconception about the purpose of consultation.				
A. PLUS (Agreement)				
(1) Number of statements marked expected by both consultant and consultee.	____	____	____	____
(2) Number of statements marked not expected by both consultant and consultee.	____	____	____	____
AGREEMENT:	____	____	____	____
B. MINUS				
(1) Number of statements marked expected by consultant, not expected by consultee.	____	____	____	____
(2) Number of statements marked not expected by consultant, expected by consultee.	____	____	____	____
DISCREPANCY:	____	____	____	____

Note: The overall picture and the area and number of discrepancies may be more significant than the arithmetic balance. As cases build up, numbers can be converted to percentages.

2. Comparison of Consultee Expectation and Final Evaluation, using Item I of Consultee Expectations (Form CC-2) and Item I of Consultee Final Evaluation (Form CC-7) (excluding statements 6, 11, and other added statements which the consultant feels are clear misconceptions on the part of the consultee. Also exclude those instances where none or slight is checked on both forms).

	Consultee: X	Y	Z	TOTAL
A. PLUS				
(1) Number of statements checked at same or higher level on final evaluation than on expectation.				
B. MINUS				
(1) Number of statements checked at lower level on final evaluation than on expectations.				
3. Consultees' critique of the consultation series, using Item II of Consultee Final Evaluation (Form CC-7).				
A. Number of statements checked by each consultee in each category:				
Statement / Content				
A1, A2, A3 Consultant's acquaintance with school				
B Composition of group				
D, E, F, G, H, I Consultant characteristics				
J Consultee preparation				
C, K Consultee characteristics				
TOTAL:				
4. Consultees' motivation for continuing, using Item III of Consultee Final Evaluation (Form CC-7).				
Enter number of statements checked as important in any degree.				
A. Learned				
B. Stimulated				
C. Committed				
D. Please consultant				
5. Consultees' overall opinion of consultation, using Item V of Consultee Final Evaluation. (Tabulate "Yes" answers.)				
6. Number of hours spent in consultation and related activities. (Item VI, Form CC-7.) (Tabulate number of hours.)				
7. Critique of consultation by those discontinuing, using Survey of Those Discontinuing Consultation. (Form CC-9)				

		Consultee: X	Y	Z	TOTAL
A. Number of statements checked in each category by consultee droupout.					
Statement	Content				
1	Beyond control				
2, 3, 4, 7, 12	Consultee characteristics				
5, 6	Consultant's acquaintance with school				
9, 10	Consultant characteristics				
8, 11	Group characteristics				
				TOTAL:	

Appendix A-2

SUGGESTED ANALYSES OF CONSULTANT FORMS

Staff Development – Client-Centered

1. Consultant-consultee agreement following negotiation.
   (Example 1, Appendix A-1).

2. Consultee goal achievement as judged by consultant, using Item I of Consultant Expectation (Form AC-3) and Item I of Consultant Final Evaluation (Form AC-6).

   A. PLUS

      Number of statements checked at same or higher level on Final Evaluation. _____

   B. MINUS

      Number of statements checked at higher level on Expectation. _____

3. Consultant satisfaction that CMHC goals are attained, using Item II of Consultant Expectations (Form AC-3) and Item II of Consultant Final Evaluation (Form AC-6).

   A. PLUS

      Number of statements checked at same or higher level on Final Evaluation. _____

   B. MINUS

      Number of statements checked at higher level on Expectation. _____

   C. Unplanned benefits, i.e., number of additional benefits introduced on the Consultant Final Evaluation form. _____

4. Critique of consultation by consultant

   A simple tally of Item III, Consultant Final Evaluation, (Form AC-6) is all that is required.

Appendix A-3

FILM SCRIPTS

A. DONALD

EXTERIOR SHOT OF SCHOOL GROUNDS, KIDS COMING TO SCHOOL IN AM, ZOOM IN TO FANCY CAR STOPPING IN FRONT OF SCHOOL.	
BOY GETS OUT OF CAR. CUT TO MS OF BOY GETTING OUT OF CAR. NICELY DRESSED MOTHER HANDS HIM HIS BOOKS. BOY STARTS TO LEAVE.	This is Donald...age 12, and he has problems.
CUT TO CU OF MOTHER CALLING HIM BACK TO CAR.	This is one of them.
CUT TO CLOSE-UP OF BOY REACTING NEGATIVELY TO CALL BACK...BUT GOES.	
CU OF MOTHER TALKING ANIMATEDLY.	A nice, anxious middle-class mother.
CUT TO MS OF BOY TURNING AND WALKING INTO CAMERA.	
DISS. TO DONALD WALKING DOWN HALL TO CLASS SWINGING BOOKS. MS. PASSES ANOTHER KID'S BOOKS STACKED BY WALL, LUNCH BAG ON TOP. DONALD GOES OVER AND KICKS LUNCH BAG WITH FOOT, LAUGHS AND GOES ON. CU	From time to time during most school days, Donald's acting-out behavior took on a decided antisocial pattern.
DISS. TO DONALD WRESTLING WITH MUCH SMALLER BOY. DONALD HOLDS BOY DOWN UNTIL SMALLER BOY STARTS CRYING.	He didn't confine his antagonism to inanimate objects either...quite often he included his fellow students... when they were smaller.
DONALD GETS UP AND SMALLER BOY RUNS.	
DONALD YELLS AT HIM, VERY UGLY.	
DONALD, SITTING ON GRASS, WATCHES BOY LEAVE, HALF SMILE ON DONALD'S FACE.	He didn't have many friends, needless to say...he seemed quite proud in being socially obnoxious.

CUT TO INT. VIEW, TEACHERS POV. DONALD STANDS IN DOORWAY FOR A MOMENT. TEACHER LOOKS UP. DONALD PUTS HIS BOOKS ON THE FLOOR AND SLIDES THEM TOWARD HIS DESK.	There was never any doubt when Donald arrived on the scene. His classmates always enjoyed his performances much more than the teacher did.
OTHER STUDENTS REACT...DONALD LOOKS AT TEACHER DEFIANTLY AND GOES TO HIS DESK, WHISTLING LOUDLY.	He is a sixth grader doing about fourth-grade work in reading and arithmetic skills.
TEACHER TALKING TO PUPIL AT HER DESK.	Donald was always ready for combat. The EH teacher found it very difficult to handle his incessant demands for attention.
TEACHER AT DONALD's DESK, ENCOURAGING	She tried personal help...encouragement..even severe scolding.
DONALD SITTING IN MIDDLE OF ROOM, TEACHER STANDING OVER HIM, POINTING BACK TO HIS DESK AND YELLING.	
DONALD WORKING AT DESK, TEACHER PASSES BY, LOOKS DOWN, SMILES, DONALD LOOKS UP AT HER BUT DOESN'T REACT.	After an outburst from the teacher, Donald would momentarily be contented and would actually be able to work happily for a while.
DONALD CRUMPLES UP PIECE OF PAPER AND THROWS IT AT STUDENT NEAREST HIM.	But this never lasted very long. Invariably, he would become confused, lose his concentration, and his acting-out cycle would begin all over again.
TENNIS COURT SCENE	The first time I remember seeing Donald was one morning on the school tennis court. I remember asking him to come play with us. He was a sad looking child. He seemed to want to be a part of things but just didn't quite know how. I couldn't tell whether he was really not interested or just shy.
DOOR OPENS AND TEACHER HERDS DONALD INTO ROOM. SHE EXPLAINS THAT THIS IS DONALD AND LEAVES OFFICE IN DESPERATE MOOD. AS TEACHER LEAVES, DONALD TURNS TOWARD HER BACK, MAKES UGLY FACE AND GIVES HER THE FINGER. FREEZE... DONALD IN FG MCU...PSYCHOLOGIST IN BG, CANNOT ACTUALLY SEE DONALD'S FACE OR GESTURE. HOLD FREEZE FRAME TO BLACK.	And then one day Donald appeared in my office. His EH teacher brought him in and they were both at their wit's end. I was already familiar with-some aspects of the problem of Donald from the reports his teacher had given me, but I wasn't quite prepared for Donald's obvious feelings toward her and now the problem was mine.

B. SUSAN

MONTAGE OF SUSAN SEATED AT HER DESK STARING STRAIGHT AHEAD.	This is Susan. She's nine years old. She's rather small for her age... delicate, wistful.
SUSAN SMILES SLIGHTLY, LOOKS AROUND ROOM, THEN CLOSES HER EYES..	Sometimes...very quiet...withdrawn...at other times suspicious... frightened.
SUSAN SLUMPED IN CORNER OF THE ROOM HIDING HER FACE, CRYING, PUSHING OFF TEACHER WHO IS TRYING TO HELP.	And now and then Susan actually becomes violently depressed.
SUSAN AT DESK..LOOKS UP INTO CAMERA WITH HALF SMILE.	Susan is classified as M-R. But, I'm beginning to wonder...
MOTHER DRAGGING RELUCTANT SUSAN DOWN HALL TO CLASSROOM.	On her first day in our M-R class, she was brought by her mother. It was quite a scene.
MOTHER DRAGS A FIGHTING SUSAN INTO CLASSROOM	It was more than the usual reluctance of the insecure, self-conscious child entering a new and suspicious environment...
MOTHER, FIRM HOLD ON SUSAN, TALKS TO TEACHER	Susan's behavior seemed to come as no surprise to her mother.
TEACHER LOOKS FROM MOTHER TO SUSAN IN DISBELIEF.	In fact, the mother explained to the teacher that it was quite normal...for Susan.
SUSAN SITTING AT HER DESK STARING STRAIGHT AHEAD.	After the mother left, Susan sat at her desk for the rest of the day.
CUPS HAND TO HER EAR, LISTENS, IS SCARED AND HIDES FACE.	Except for an occasional apparent hallucination, she never moved.
MONTAGE OF CU OF MOTHER AND SUSAN IN CONFLICT.	This kind of behavior went on for a week, beginning, each time, with a stormy entrance to class with her mother.

SHOTS OF STATION WAGON ARRIVING AND LETTING SUSAN OUT AT SCHOOL.	After a week of this, the teacher suggested to the mother that she let Susan come to class by herself, so...Susan was let out at the front of the school and walked to class alone.
SUSAN SITTING ON WALL, PAYING NO ATTENTION TO OTHER KIDS.	She made no friends...in fact, she seemed to be completely unaware that there were any other children around.
TEACHER SITTING AT DESK TALKING TO KIDS, ZOOM IN ON SUSAN WORKING AT HER DESK...	The teacher felt pretty good about Susan's change of attitude after she began coming to the class alone. She actually did some work at her desk...until suddenly—one day.
SLOW MOTION OF SUSAN RUNNING THROUGH ROOM.	It was like Susan was in a violent little dream world all of her own. There didn't seem to be any reason for her behavior, and the teacher was taken completely by surprise.
SLOW MOTION OF SUSAN THROWING PLASTIC BOTTLE ON FLOOR. SHOTS OF KIDS' REACTIONS.	The act didn't seem to be aimed at anybody in particular. It was just a sudden outburst of venom.
SUSAN SITTING AT HER DESK LOOKING OUT WINDOW.	There were several spells like this and they were usually followed by a short period of relative calm.
SUSAN SHOWING TEACHER HER PAPER.	And Susan would again show some interest in her work...
SUSAN TALKING TO ANOTHER KID AND LAUGHING.	and even in some of her classmates. However, the "acting-out" behavior began to dominate and one day I met Susan and her teacher in the hall.
THEY STAND AND TALK IN FRONT OF SCHOOL, MOTHER ARRIVES AND SUSAN LEAVES.	I talked to her for nearly half an hour in my office. And we didn't really seem to be getting anywhere, until we went outside to wait for her mother. Then Susan seemed to really open up. And when she left, I began to wonder who was fooling who.

MONTAGE OF SHOTS SHOWING DIFFERENT MOODS OF SUSAN

She was one of the cutest little girls I'd ever met...and yet, this little Jekyll and Hyde had brought her EMR teacher to me at the point of dispair.

SPLIT SCREEN STILLS OF SUSAN, ONE SMILING, ONE DEPRESSED.

C. JOANNA

SCHOOL PSYCHOLOGIST ENTERS OFFICE AND NOTICES JOANNA SITTING IN HALL, HEAD IN HANDS, LOOKING DOWN.	I remember the first time I had occasion to see Joanna in the Principal's office. She was 12 years old and I thought she was a boy at first.
JOANNA IS WEARING JEANS, BOY'S SHIRT AND TENNIS SHOES. PSYCHOLOGIST SITS AT DESK AND SPEAKS TO HER. SHE GETS UP SLOWLY AND STANDS BEFORE HIM, SMUDGE ON HER FACE. CAMERA PANS.	She had been sent to him by her home-room teacher because of fighting...not with other girls but with boys. And because she was large for her age and strong, there weren't many boys who were willing to take her on.
JOANNA ON SCHOOL GROUND, SAME COSTUME, LAUGHING, RUNNING, WRESTLING, AND GETTING MAD AND CHASING A SMALLER BOY.	During that first year, I saw her several times. She denied discipline in the same fashion she denied her sex. She talked like a boy, dressed like a boy, and acted like a boy.
JOANNA DRESSED FOR SCHOOL, EATING STAND-UP BREAKFAST IN MESSY KITCHEN, SCHOOL BOOKS NEARBY. YELLS IN DIRECTION OF BEDROOM AND LEAVES, EMPTY LIQUOR BOTTLES ON COUNTER. CU ON BOTTLE.	Joanna's home-life was a mess. Her mother was an alcoholic and her father was seldom at home. She was an only child. At the end of that school year she and her parents moved away and...
PSYCHOLOGIST AT DESK WORKING, LOOKS UP WITH QUIZZICAL EXPRESSION. CUT TO JOANNA, MINI SKIRT, TIGHT SWEATER, LONG HAIR, MAKE UP, ETC., STANDING, SMILING.	I didn't see her again for nearly two years. The Principal sent her into my office and at first I didn't remember ever seeing her before. She was completely transformed, at least physically. She was nearly 15 years old and could have passed for 18.
JOANNA AT HER DESK IN EH CLASS, TEACHER HELPING HER WITH MATH, JOANNA VERY BORED. TEACHER LOOKS DOWN AND SHAKES HIS HEAD.	Her counselor had put her in an EH class for remedial work in every-except social studies.
JOANNA WALKING DOWN SCHOOL HALLWAY, HIPS SWINGING.	According to the reports I received, her appearance wasn't the only thing that had changed.

JOANNA IN A REGULAR LAB CLASS... DAYDREAMING, DOODLING ON HER NOTE-BOOK...FIDDLING IN HER PURSE, ETC.	She was in deep academic trouble. She simply wouldn't do her school work. Except for her social studies class, where she got along with her teacher very well, she spent most of her time either daydreaming or role playing.
JOANNA IN GIRLS' ROOM APPLYING COSMETICS.	I don't know that she actually followed through her role as the school sex symbol, but it seemed to occupy most of her time and energies.
JOANNA LEAVES GIRLS' ROOM AND STARTS DOWN CORRIDOR.	There were no males in the school who didn't come in for their share of Joanna's attention.
MEETS TWO BOYS AND FLIRTS. BOYS WINK KNOWINGLY AT EACH OTHER AFTER SHE LEAVES.	On the school ground...
IN CLASSROOM SHE TURNS TO BOY ACROSS FROM HER, SMILES AND TALKS, MALE TEACHER SPEAKS TO HER FROM HIS DESK, SHE GOES UP AND LEANS ON DESK COYLY...DISS. TO PSYCHOLOGIST'S OFFICE, JOANNA SITS IN CHAIR, GOOD LEG AND THIGH EXPOSURE.	In the classroom... THE TEACHERS...the male teachers, I should say... Even me.
WATER DISS. TO JOANNA WRESTLING WITH BOY	She had completely changed from the little girl who took out all of her aggressions on the male population at age 12.
WATER DISS. TO JOANNA FLIRTING	...to an overly-developed teen-ager whose sole interest seemed to be that same male population. And yet, the one inconsistency was her class in social studies, taught by a middle-aged woman, and in which Joanna not only did well...but seemed to have a genuine affection for the teacher.
MIDDLE-AGED TEACHER AT HER DESK... JOANNA BRINGS PAPER TO TEACHER, TEACHER IS OBVIOUSLY PLEASED AND THEY SMILE AT EACH OTHER.	
DISS. TO PSYCHOLOGIST AND OLDER TEACHER TALKING IN HIS OFFICE.	I talked with her social studies teacher. She was convinced that there was nothing wrong...that the other teachers just didn't know how to communicate with Joanna.

DISS. TO PSYCHOLOGIST TALKING TO EH TEACHER IN HER CLASSROOM.	And I talked with her special EH class teacher...he was convinced that Joanna's refusal to do any of her work was symptomatic of a very deep emotional disturbance.
THREE SHOT, EH TEACHER, OLDER TEACHER, AND PSYCHOLOGIST TALKING IN HIS OFFICE. PSYCHOLOGIST LISTENING AND LOOKING FROM ONE TO THE OTHER.	And I held several conferences with both of her teachers...the EH teacher who thought Joanna was impossible, and the social studies teacher who thought Joanna was very misunderstood. Actually—both of these teachers may be PARTIALLY RIGHT, but neither one seemed to have an answer to the problem.
JOANNA AND BOY WALKING AWAY FROM SCHOOL. BOY OFFERS HER A CIGARETTE, SHE SMILES AT HIM AS HE LIGHTS IT FOR HER.	What to do about Joanna?

Appendix B-1

SUGGESTED ANALYSES OF CONSULTEE FORMS

Staff Development – Agency-Centered

To be used by the consultant or the CMHC evaluation staff

	Consultee: X	Y	Z	TOTAL
1. Consultant-consultee agreement, using Item I of Consultee Expectations (Form AC-2) and Item I of Consultant Expectations (Form AC-3). Include added statements in this analysis. Special attention should be given to the outcome of statement 4 and added others to note whether the consultee still has misconception about the purpose of consultation.				
A. PLUS (Agreement)				
(1) Number of statements marked expected by both consultant and consultee.				
(2) Number of statements marked not expected by both consultant and consultee.				
AGREEMENT:				
B. MINUS				
(1) Number of statements marked expected by consultant, not expected by consultee.				
(2) Number of statements marked not expected by consultant, expected by consultee.				
DISCREPANCY:				

Note: The overall picture and the area and number of discrepancies are probably more significant than the arithmetic balance. As cases build up, numbers might be converted to percentages.

2. Comparison of Consultee Expectation and Final Evaluation, using Item I of Consultee Expectations (Form AC-2) and Item I of Consultee Final Evaluation (Form AC-7) (excluding statement 4 and other added statements which the consultant feels are clear misconceptions on the part of the consultee. Also exclude those instances where none or slight is checked on both forms).

	Consultee: X	Y	Z	TOTAL
A. PLUS				
(1) Number of statements checked at same or higher level on final evaluation than on expectation.				
B. MINUS				
(1) Number of statements checked at lower level on final evaluation than on expectations.				

3. Consultees' critique of the consultation series, using Item II of Consultee Final Evaluation (Form AC-7).

A. Number of statements checked by each consultee in each category:					
Statement	Content				
A1, A2, A3	Consultant's acquaintance with school				
B, C	Composition of group				
D, E, F, G, H, I	Consultant characteristics				
J	Consultee preparation				
K	Consultee characteristics				
	TOTAL:				

4. Consultees' motivation for continuing, using Item III of Consultee Final Evaluation (Form AC-7).

Enter number of statements checked as important in any degree.

A. Learned				
B. Stimulated				
C. Interest in changes				
D. Committed				
E. Please consultant				

5. Consultees' overall opinion of consultation, using Item IV of Consultee Final Evaluation. (Tabulate "Yes" answers.)

6. Number of hours spent in consultation and related activities. (Item V Form AC-7.) (Tabulate number of hours.)

7. Critique of consultation by those discontinuing, using Survey of Those Discontinuing Consultation. (Form CC-9)

		Consultee: X	Y	Z	TOTAL
A. Number of statements checked in each category by consultee dropout.					
Statement	Content				
1	Beyond control				
2, 3, 10	Consultee characteristics				
4, 5	Consultant's acquaintance with school				
7, 8, 11	Consultant characteristics				
6, 9	Group characteristics				
				TOTAL:	

Appendix B-2

SUGGESTED ANALYSES OF CONSULTANT FORMS

Staff Development – Agency-Centered

1. Consultant-consultee agreement following negotiation.
   (Example 1, Appendix A-1).

2. Consultee goal achievement as judged by consultant, using Item I of Consultant Expectation (Form AC-3) and Item I of Consultant Final Evaluation (Form AC-6).

   A. PLUS

      Number of statements checked at same or higher level on Final Evaluation. _____

   B. MINUS

      Number of statements checked at higher level on Expectation. _____

3. Consultant satisfaction that CMHC goals are attained, using Item II of Consultant Expectations (Form AC-3) and Item II of Consultant Final Evaluation (Form AC-6).

   A. PLUS

      Number of statements checked at same or higher level on Final Evaluation. _____

   B. MINUS

      Number of statements checked at higher level on Expectation. _____

   C. Unplanned benefits, i.e., number of additional benefits introduced on the Consultant Final Evaluation form. _____

4. Critique of consultation by consultant

   A simple tally of Item III, Consultant Final Evaluation (Form AC-6), is all that is required.

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